McLaren Business Products

McLaren Print System Order

Order No: 63481
Order Date: 2021-07-05
User: Kristy Suerwier
Phone: 989-672-5111

Ship Location: Mclaren Caro Region
401 North Hooper St
Caro, MI 48723
Forms
Quantity: 100
Paragon Dept No: 27290
Dept Name: Ultrasound
Company Number: 510

Order Total Price: 0.00

Item Number: US 13
Item Description: ULTRASOUND SCRITAL EVALUATION
Revision Date: 10/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER

McLaren
CARO REGION

ULTRASOUND SCROTAL EVALUATION

Patient Name:_____ DATE: _____
DOB :_____ MR# :_____ REFERRING PHYSCIAN: _____

Indication for Exam:_____
_____
_____Pain
_____Swelling
_____Discoloration
_____Trauma
_____Palpable Mass
_____Hx. Infections
_____Fever
_____Follow Up

Previous Exam
Nuclear Medicine:_____
Ultrasound:_____

Surgery:
☐ Right:_____
☐ Left:_____

Right
_____x_____x_____cm
Color Flow Seen: Yes☐ No☐
Epi:_____
_____
RI:_____ PSV: _____cm/s

Left
_____x_____x_____cm
Color Flow Seen: Yes ☐ No ☐
Epi:_____
_____
RI: _____ PSV: _____cm/s

Comments:_____
_____
_____
_____
_____
_____

Sonographer :_____ Date: _____

FORM: US 13
REW: 10-4-19

Spec Info: