

McLaren Print System Order

Order No: 63484
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 2
Item Description: GYN ULTRASOUND
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

CARD REGION GYN ULTRASOUND

NAME: _____ DATE: _____
AGE: _____ SEX: _____ HAIR: _____

Pregnancies: _____ Miscarriages: _____ Living Children: _____
Deliveries: _____ Abortions: _____
Reason for this ultrasound study (complaint): _____
Date of last menstrual period (first day of period): _____ Regular cycles? Yes No
Previous pelvic surgery: _____
Yes No Please describe _____
Previous gynecological problems: _____
Yes No Please describe _____
Do you use any type of birth control? Yes No If yes, please give type: _____
Are you being treated for, or been told you have: OUSMAN CYSTS FIBROID
Are you currently having?
PELVIC PAIN: Yes No If yes, where: _____
ABNORMAL VAG. DISCHARGE: Yes No FEVER: Yes No
General medical problems: _____
Yes No Please describe _____

UTERUS: LAD _____ cm AP _____ cm DVV _____ cm Normal Abnormal
Endometrial Canal: Normal Abnormal Thickness: _____ cm
RIGHT OVARY: L _____ x H _____ x W _____ Normal Abnormal RI: _____
LEFT OVARY: L _____ x H _____ x W _____ Normal Abnormal RI: _____
Cut de use fluid: Yes No

Sonographer: _____ Date: _____

FORM US 2
REV 10-19

Spec Info: