

McLaren Print System Order

Order No: 63486
 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 20
 Item Description: LOWER EXTREMITY ARTERIAL DUPLX EVALUATION
 Revision Date: 3/2020
 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 Lower Extremity Arterial Duplex Evaluation

Name: _____ Date: _____ DOB: _____

MRN: _____ Referring Physician: _____

Reason for Exam: _____

Diabetes	Circulation
Smoking	Neurology/Paresthesia
HTN	Gangrene
HLI	Rest Pain
Cyanosis	Cold intolerance
Pallor/Redness	Sores/Ulcers

RT Brachial	LT Brachial
RT Upper Thigh	LT Upper Thigh
RT Above Knee	LT Above Knee
RT Below Knee	LT Below Knee
RT Ankle	LT Ankle
RT ABI	LT ABI

Arterial: Monophasic B-Phasic Triphasic Mild Mod Marked

	Velocity cm/s/ac	Waveform	Plaque
RT CIA			
RT Prox FA			
RT Mid FA			
RT Dist FA			
RT POP A			
RT Prox PTA			
RT Dist PTA			
RT ATA			
LT CIA			
LT Prox FA			
LT Mid FA			
LT Dist FA			
LT POP A			
LT Prox PTA			
LT Dist PTA			
LT ATA			

Spec Info:

Comments: _____