

McLaren Print System Order

Order No: 7386
 Order Date: 2014-12-01
 User: Stephanie Karram
 Phone: 342-4979

Ship Location: ultrasound attn stephanie karram

Forms

Quantity: 100
 Paragon Dept No: 6076
 Dept Name: radiology
 Company Number: 60

Order Total Price: 3.85

Item Number: M-22040
 Item Description: OB Ultrasound Worksheet
 Revision Date: 5/2012
 Print: 1 sided black and white
 Paper: 20# Pink Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

<p> <input type="checkbox"/> McLAREN UNIT 801 S. Salisbury Hwy., 7th Fl., MI 48107 313.937.2000 </p>	<p> <input type="checkbox"/> McLAREN IMAGING CENTER 801 S. Salisbury Hwy., Suite 21-7th Fl., MI 48107 313.937.4980 </p>
<p>DEPARTMENT OF RADIOLOGY OB ULTRASOUND WORKSHEET</p>	
<p>Name _____ Date _____ / _____ / _____ Gestate/Pare _____</p>	
<p>LMP _____ EDC _____ Date/POA last ul's exam: _____</p>	
<p>HT of Irregular menses _____ HT of complications in pregnancy _____</p>	
<p>Rh: _____ Bleeding _____ Ruptured membranes _____</p>	
<p>Previous Study: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____</p>	
<p>FETAL EVALUATION/INDICATION FOR EXAM</p>	
<p>Fetal Lie _____ Number _____</p>	
<p>Foet _____ 4 Chambers _____</p>	
<p>Stomach _____ Size _____</p>	
<p>Diaphragm _____ Backlit _____</p>	
<p>Spine C _____ Spine T/Spine L _____</p>	
<p>Spine S _____ Cord insertion _____</p>	
<p>3 Vessels _____ Renals Rt _____ Lt _____</p>	
<p>Choroid Plexus _____ Thalamus _____</p>	
<p>Midbrain _____ CSP _____</p>	
<p>Ventricle _____</p>	
<p>FETAL ENVIRONMENT</p>	
<p>Uterus _____ Ovaries _____</p>	
<p>Cervical Length _____ Open _____ Closed _____</p>	
<p>Pelvic Position _____ Grade _____ Presentation _____</p>	
<p>Quantitative Amniotic Fluid Index _____ Length from placental tip to CR _____</p>	
<p>MEASUREMENTS</p>	
<p>BPD _____ FUA % TUE _____</p>	
<p>AC _____ HC _____ F _____</p>	
<p>CER _____ FL _____ F _____</p>	
<p>CRL _____ SAC _____ F _____</p>	
<p>Nuchal Fold _____ Posterior Fossa/Cisterna Magna _____</p>	
<p>FLUID: FLUBPD _____ HCAC _____ CI _____</p>	
<p>AGA _____ EFW _____ EDC _____</p>	
<p>BIOPHYSICAL PROFILE</p>	
<p>Fetal Breathing _____ Fetal Tone _____</p>	
<p>Gross Body Movement _____ AFI _____</p>	
<p>Breast Chart _____</p>	
<p>Ho-Bo-Bo Measurement _____</p>	
<p>Sonographer _____</p>	
<p>OB ULTRASOUND WORKSHEET</p>	