

McLaren Print System Order

Order No: 16110
Order Date: 2016-01-04
User: kimberly johnson
Phone: 810-342-2193

Ship Location: Kimberly Johnson
McLaren Flint - P.A.T (1 Central) / Attn: Kim J.
Flint , MI 48532

Forms

Quantity: 1500
Paragon Dept No: 30510
Dept Name: McLaren-Flint P.A.T (1 Central)
Company Number: 60

Order Total Price: 0.00

Item Number: PACKET
Item Description: P.A.T. Packet
Revision Date: 10/2015

Print:
Paper:
Size:
Fold:
Finish:
Drill:

Misc Info: This packet is comprised of multiple forms specifically for the P.A.T. department

McLaren FLINT
Pre-Admission Testing Summary Sheet

NO LABS NEEDED Patient needs to stop in lab, notified Patient Arrive Time Registered

ALLERGIES: _____

PRIMARY CARE: _____
 CARDIOLOGIST: _____

HISTORY & PHYSICAL (IF NOT AVAILABLE) _____
 CONSENT ON CHART _____
 NEW CONSENT (REQUIRED) _____
 LABS ON CHART _____
 PHYSIOLOGIC / PAIN TESTS _____
 ON STANDING FORM ON CHART _____

PHARMACY: _____

Lab Number	Standard Name	Assay Method	Lab Number	Standard Name	Assay Method	TEST	Lab Number	Standard Name	Assay Method	TEST
	SWP			PTNR				CARDIO DOPPLER		
	BUN			APTT				PFT		
	HEMOF			TRDP				CT SCAN CHEST		
	CMP			UA				ECHO		
	CREA			CURBE				ABI		
	GLU			TSS				VEN MAPPING		
	HGBACO			TSC UNITS				Other		
	LYTES			TO LEAD EXG				Other		
	BRISASC			ZV CHEST				Other		

WIS _____ ENG FROM OUTSIDE SOURCE _____
 WIS _____ CHEST XRAY FROM OUTSIDE SOURCE _____
 WIS _____ LABS FROM OUTSIDE SOURCE _____
 WIS _____ CARDIAC CATS / STRESS TEST / EKG REPORT _____
 WIS _____ MEDICAL EDUCATION _____
 WIS _____ MEDICAL EDUCATION _____

STI Mortality _____ %
 Care Conference date: _____

RE: _____ Checked Clerk: _____ CHART ASSEMBLED BY: _____ UC

Pre-Admission Testing Summary Sheet
 (Rev. 08/15)