

McLaren Print System Order

Order No: 26643 Reprint Previous Order No: 8641
 Order Date: 2017-04-04
 User: Mary Bitzer
 Phone: 501 S Ballenger Hwy

Ship Location: SEC - ATTN Mary Bitzer
 G 3239 Beecher Rd, Suite A
 Flint, MI 48532

Forms

Quantity: 1000
 Paragon Dept No: 30014
 Dept Name: Surgery and Endoscopy Center
 Company Number: 60

Order Total Price: 182.00

Item Number: 17025-6
 Item Description: Endoscopy Report
 Revision Date: 1/2016
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

MCLAREN PRINT
 FULL SCREEN
 ENDOSCOPY REPORT

DIAGNOSTIC
 ELECTIVE
 THERAPEUTIC
 EMERGENCY

All BOLD Elements REQUIRED by CMS & Joint Commission. Please Fully Complete.

GASTROENTEROLOGIST _____ DATE _____

HISTORY HEMATEMESIS MELENA HEMIA MASS LESION ULCER UNEXPLAINED PAIN
 HEMITOCHEZIA DIARRHEA FAMILY HISTORY OF CA INFLAMMATORY BOWEL DISEASE
 OTHER _____

| | | | |
|------------|---------------|--------------------|-------------------|
| (LT) _____ | SALICIN _____ | MIFEPRESTONE _____ | MUCOLAS-HCL _____ |
| mg | mg | mg | mg |

OTHER BY SU name _____

ESOPHAGUS: NORMAL ESOPHAGITIS HIAL HERNIA REFLUX SCHWARTZ'S RING CARCINOMA
 VARICES _____
 OTHER _____

STOMACH: NORMAL GASTRITIS ULCER POLYPS LYMPHOMA CARCINOMA VARICES
 Stricture Strang HYPERTROPHY
 Erosive Wedgeprint
 Superficial
 OTHER _____

DUODENUM: NORMAL DUODENITIS ULCER POLYPS _____
 OTHER _____
 LOCATION _____ SITE _____

| | | | |
|--------------|--------------|-------|-----------|
| RECTOSIGMOID | INFLAMMATION | POLYP | CARCINOMA |
| DESCENDING | | | |
| TRANSVERSE | | | |
| ASCENDING | | | |
| CECUM | | | |
| SIGMUM | | | |

PROCEDURE

PRE-OPERATIVE DIAGNOSIS: _____

ENDOSCOPIC DIAGNOSIS/GROSS FINDINGS: _____

No bleed seen unless noted _____
 No specimen removed unless noted _____

Complications: _____

NO ASSISTANT(S) UNLESS NOTED: _____

SIGNATURE OF PHYSICIAN: _____ W.D.S.O. SAFE/TIME _____

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