

<b>Priority Status:</b> <input type="checkbox"/> Routine <input type="checkbox"/> STAT		<b>Medication Refill:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date/Time:	Physician:	Patient Name/Date of Birth:	
Caller's Name/Telephone:		Pharmacy Name/Telephone:	
Concern/Problem:			
Disposition/Instructions/Orders:			
Taken By:		Provider's Signature	

McLaren Ambulatory Care Center  
 McLaren Occupational Health and/or Convenient/Prompt Care Center

**TELEPHONE MESSAGE**

<b>Priority Status:</b> <input type="checkbox"/> Routine <input type="checkbox"/> STAT		<b>Medication Refill:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date/Time:	Physician:	Patient Name/Date of Birth:	
Caller's Name/Telephone:		Pharmacy Name/Telephone:	
Concern/Problem:			
Disposition/Instructions/Orders:			
Taken By:		Provider's Signature	

McLaren Ambulatory Care Center  
 McLaren Occupational Health and/or Convenient/Prompt Care Center

**TELEPHONE MESSAGE**

<b>Priority Status:</b> <input type="checkbox"/> Routine <input type="checkbox"/> STAT		<b>Medication Refill:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date/Time:	Physician:	Patient Name/Date of Birth:	
Caller's Name/Telephone:		Pharmacy Name/Telephone:	
Concern/Problem:			
Disposition/Instructions/Orders:			
Taken By:		Provider's Signature	

McLaren Ambulatory Care Center  
 McLaren Occupational Health and/or Convenient/Prompt Care Center

**TELEPHONE MESSAGE**