

**McLaren Print System Order**

**Order No: 41838 Reprint Previous Order No: 7981**  
**Order Date: 2019-01-10**  
**User: Darlene Wallace**  
**Phone: 22856**

**Ship Location: McLaren Flint - OR 3-South Attn: Darlene**  
**401 S. Ballenger Highway**  
**Flint, MI 48532**

**Forms**

**Quantity: 1000**  
**Paragon Dept No: 28550**  
**Dept Name: or**  
**Company Number: 60**

**Order Total Price: 0.00**

**Item Number: 17586**  
**Item Description: Post Operative / Procedure Note**  
**Revision Date: 9/2015**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info:**

McLaren Flint  
Flint, Michigan

**POST-OPERATIVE/PROCEDURE NOTE**

NOTATIONS	
All BOLD Elements REQUIRED by CMS & Joint Commission. Please Fully Complete.	
Pre - Operative Diagnosis:	
Post - Operative Diagnosis/Other Findings:	
Procedure(s) Performed:	
Physician/Surgeon(s):	Assistant(s):
No Specimens unless noted:	
No Blood Loss unless noted:	
Complications:	
Anesthesia: <input type="checkbox"/> General <input type="checkbox"/> Local <input type="checkbox"/> Spinal <input type="checkbox"/> IV Sedation	
Teaching Physician Attending:	
Physician's Signature: _____	Date/Time: _____

POST-OPERATIVE/PROCEDURE NOTE  
FORM No. 310 (01/04)



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