McLaren Business Products

McLaren Print System Order

Order No: 43170 Reprint Previous Order No: 5556
Order Date: 2019-02-26
User: Dawn Caspers
Phone: 248-674-0388

Ship Location: Attn Dawn Caspers
4000 Highland Rd Suite 114
Waterford , MI 48328
Forms
Quantity: 2
Paragon Dept No: 73050
Dept Name:
Company Number: 810

Order Total Price: 13.80

Item Number: MM-34523
Item Description: Medication List (Traditional Format)
Revision Date: 11/2012
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: packages of 100; ss, black 5 hole top punch; mylar reinforced

MCLAREN MEDICAL GROUP
MEDICATION LIST

Name of Pharmacy: Telephone: Name of Pharmacy: Telephone:
1. 1. 3. 3.
2. 2. 4. 4.

ALLERGIES/REACTIONS (Drugs, Dyes, Latex, etc.)			ALLERGIES/REACTIONS (Drugs, Dyes, Latex, etc.)		
Date	Allergen	Reaction	Date	Allergen	Reaction

DATE	NAME OF MEDICATION/STRENGTH	FREQUENCY	REFILLS	DATE DC'D	STAFF SIGNATURE

Alternate Contact for Patient:

Telephone: ( )

MEDICATION LIST

Patient Name

Date of Birth