

McLaren Print System Order

Order No: 46806
 Order Date: 2019-07-08
 User: deborah simpson
 Phone: 5864933670

Ship Location: Gratiot Medical Building
 36500 Gratiot, STE 202/womens health
 clinton twp, mi 48035

Forms

Quantity: 500
 Paragon Dept No: 60210
 Dept Name: mt clemens womens health
 Company Number: 260

Order Total Price: 0.00

Item Number: MO-315
 Item Description: Macomb Patient Record Form
 Revision Date: 12/2016
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:



ALLERGIC TO:

Name	Age	M / F	DOB	Date/Time			
Visit: T	P	IL	SP	WL	HL	LBP	<input type="checkbox"/> X-rays
Allergies							<input type="checkbox"/> Lab In
C/C							<input type="checkbox"/> Lab Out
Hx							<input type="checkbox"/> Diagnostics
PK							<input type="checkbox"/> PFT
							<input type="checkbox"/> US
							<input type="checkbox"/> ENG
Plan							<input type="checkbox"/> Injections
							<input type="checkbox"/> Referral
Patient verbalizes understanding of treatment plan <input type="checkbox"/>							<input type="checkbox"/> Other

Spec Info:

EVALUATION AND MANAGEMENT PRIMARY CARE CLINICS
5050 T. J. BOYD BLDG AND CLINIC/RECEIVED FOR COMPLETION FROM 0-10/2016 BY STAFF

I reviewed the history, physical examination, diagnosis and plan with the intern/resident and concur with any amendments as necessary.
 Comments:

 Signing Physician Signature Date/Time