

McLaren Print System Order

Order No: 48194 Reprint Previous Order No: 5575
 Order Date: 2019-08-29
 User: Kelly Lewis
 Phone: 810-496-0916

Ship Location: Midland Occupational and Convenient Care
 801 Joe Mann Blvd.
 Midland, MI 48642

Forms

Quantity: 500
 Paragon Dept No: 56062
 Dept Name: Midland Occupational and Convenient Care
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-158
 Item Description: Waived Test Results
 Revision Date: 9/2016 - Effective 1/2017
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLaren Medical Group
WAIVED TEST RESULTS

Office: _____ Date: _____

URINALYSIS DIP AND MICRO:

CLARITY: Clear COLOR: Pale Yellow
 Hazy Yellow
 Cloudy Dark Yellow

CHEMICAL:

LEUKOCYTES: _____
 NITRATES: _____
 UROBILINOGEN: _____
 PROTEIN: _____
 pH: _____
 BLOOD: _____
 SPEC GRAVITY: _____
 KETONES: _____
 BILIRUBIN: _____
 GLUCOSE: _____
 MICROALBUMIN: _____
 CREATININE: _____

UCS PREGNANCY: Positive Negative MONOSPOT: Positive Negative
 HEMOCULT: Positive Negative K. PFLUM TEST: Positive Negative
 INFLUENZA: Positive Negative STREP A TEST: Positive Negative
 RSV: Positive Negative

GLUCOMETER: _____ HEMOGLOBIN: _____
 Enter Reference Range: _____ Enter Reference Range: _____
 HEMOGLOBIN A_{1c}: (Normal: <5.0) _____ PT/INR: _____
 Enter Reference Range: _____ Enter Reference Range: _____

MEDICAL ASSISTANT: _____ Date/Time: _____
 PROVIDER: _____ Date/Time: _____

TEST RESULTS
