

McLaren Print System Order

Order No: 50398
 Order Date: 2019-11-19
 User: kimberly johnson
 Phone: 810-342-2193

Ship Location: Kimberly Johnson
 McLaren Flint - P.A.T (1 Central) / Attn: Kim J.
 Flint , MI 48532

Forms
 Quantity: 2500
 Paragon Dept No: 30510
 Dept Name: McLaren-Flint P.A.T (1 Central)
 Company Number: 60

Order Total Price: 1250.00

Item Number: PACKET
 Item Description: P.A.T. Packet
 Revision Date: 10/2016
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:

Misc Info: This packet is comprised of multiple forms (1 form is color) specifically f
 or the P.A.T. department - 5 Hole

McLaren Flint
 Pre-Operative Check-off

	Pre-op/OR RN (Initials)	OR/OR RN (Initials)
Completed Consent (Signed, Dated, Timed).....	_____	_____
History & Physical updated.....	_____	_____
Surgical site marked..... <input type="checkbox"/> NA	_____	_____
Patient ID band on.....	_____	_____
Allergies noted (on chart & arm band).....	_____	_____
Blood Products available..... <input type="checkbox"/> NA	_____	_____
Patient belongings with family/friend.....	_____	_____
(Dentures, Glasses, jewelry)		
Pre-op meds given and time.....	_____	_____
Antibiotic:.....		
Beta Blocker:.....		
Other:.....		

Pre-op or OR RN Signature: _____
 ORNA or OR RN Signature: _____

Spec Info:

This form is not part of the legal Health Record

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Pre-Operative Check-off
 17588 (10-16)
