

McLaren Print System Order

Order No: 51633 Reprint Previous Order No: 16391
 Order Date: 2020-01-13
 User: deborah simpson
 Phone: 5864933670

Ship Location: Gratiot Medical Building
 36500 Gratiot
 clinton twp, mi 48035

Forms

Quantity: 100
 Paragon Dept No: 37310
 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:

McLaren
MACOMB
PATIENT RECORD

ALLERGIC TO:

Name _____ Age _____ M/F _____ DOB _____ Date/Time _____

Vitals: T _____ P _____ R _____ BP _____ WL _____ HL _____ LBP _____ X-rays _____

Allergies _____
 C/C _____
 HX _____ Lab In _____
 _____ Lab Out _____
 PE _____ Diagnostics _____
 _____ PFT _____
 _____ US _____
 _____ ENG _____
 Plan _____ Injections _____
 _____ Referral _____
 Patient verbalizes understanding of treatment plan Other _____
 Physician Signature _____ Date/Time _____

EVALUATION AND MANAGEMENT PRIMARY CARE CLINICS
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I reviewed the history, physical examination, diagnosis and plan with the intern/resident and concur with any amendments as necessary.
 Comments _____

Residing Physician Signature _____ Date/Time _____