McLaren Business Products

McLaren Print System Order

Order No: 51806
Order Date: 2020-01-21
User: shirley liddell
Phone: 810-342-5333

Ship Location: Mclaren OakBridge Center PHP - Shirley Liddell
4448 Oakbridge
FLINT, MI 48532
Forms
Quantity: 500
Paragon Dept No: 43560
Dept Name: Mclaren OakBridge Center PHP
Company Number: 60

Order Total Price: 18.00

Item Number: 17639
Item Description: Psychiatric Visit Record
Revision Date: 2/2015
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Misc Info:

MCLAREN FLINT
PARTIAL HOSPITALIZATION PROGRAM

PSYCHIATRIC VISIT RECORD
Physician / Billing Use Only

Patient Name (Last, First): _____ Hosp. Acct #: _____

Admit Date: _____ D/C Date: _____ Insurance Type: _____

Diagnosis Code (primary): _____ Code (secondary): _____ Number of days: _____

☐ INPATIENT ☐ PARTIAL HOSPITAL PROGRAM

Fax to Kelle Patterson @ (810) 342-3796 / phone: 342-4474

Date / Year: _____	Physician	Comprehensive Evaluation 90801 _____ (2909009)	Medication Review (sub) 90862 _____ (2909015)	Half Session (20-30 min) with Med Review 90817 _____ (2909036)	Half Session (20-30 minutes) 90816 _____ (2909044)

Physician Signature/stamp: _____ Date: _____

PSYCHIATRIC VISIT RECORD

8703

Spec Info: