McLaren Business Products

**McLaren Print System Order**

**Order No: 54585 Reprint Previous Order No: 5556**
**Order Date: 2020-06-03**
**User: Doris Adair**
**Phone: 810-455-0284**

**Ship Location: McLaren-Port Huron Urology Associates; Attn: Doris**
**1037 Water, Street, Suite 1**
**Port Huron, MI 48060**
**Forms**
**Quantity: 4**
**Paragon Dept No: 17805**
**Dept Name: MMG Port Huron**
**Company Number: 810**

**Order Total Price: 27.60**

**Item Number: MM-34523**
**Item Description: Medication List (Traditional Format)**
**Revision Date: 11/2012**
**Print:**
**Paper:**
**Size:**
**Fold:**
**Finish:**
**Drill:**
**Misc Info: packages of 100; ss, black 5 hole top punch; mylar reinforced**

MCLAREN MEDICAL GROUP
MEDICATION LIST

Name of Pharmacy: Telephone: Name of Pharmacy: Telephone:
1. 1. 3. 3.
2. 2. 4. 4.

| ALLERGIES/REACTIONS (Drugs, Dyes, Latex, etc.) | | | ALLERGIES/REACTIONS (Drugs, Dyes, Latex, etc.) | | |
|---|---|---|---|---|---|
| Date | Allergen | Reaction | Date | Allergen | Reaction |
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| DATE | NAME OF MEDICATION/STRENGTH | FREQUENCY | REFILLS | DATE DC'D | STAFF SIGNATURE |
|---|---|---|---|---|---|
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Alternate Contact for Patient:

Telephone: ( )

MEDICATION LIST

Patient Name

Date of Birth