

McLaren Print System Order

Order No: 55262
 Order Date: 2020-07-09
 User: Rachelle Kramer
 Phone: (810) 342-2002

Ship Location: McLaren Flint - 3C Endoscopy Attn: Rachelle
 401 S. Ballenger Hwy
 Flint, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 30350
 Dept Name: Endoscopy 3C
 Company Number: 60

Order Total Price: 96.00

Item Number: 17025-6
 Item Description: Endoscopy Report
 Revision Date: 1/2016
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: 5 Hole Top
 Misc Info:

MCLAREN FLINT
 PUNJ BIOMARK
ENDOSCOPY REPORT

DIAGNOSTIC
 ELECTIVE
 THERAPEUTIC
 EMERGENCY

All BOLD Elements REQUIRED by CMS & Joint Commission. Please Fully Complete.

GASTROENTEROLOGIST _____ DATE _____

HISTORY HEMATEMESIS MELENA HEMIA MASS LESION ULCER UNEXPLAINED PAIN
 HEMITOCHEZIA DIARRHEA FAMILY HISTORY OF CA INFLAMMATORY BOWEL DISEASE
 OTHER _____

(LT) _____	SALICIN _____	MIFEPRESTONE _____	MUCOLAS-HCL _____
mg	mg	mg	mg

OTHER BY SU name _____

ESOPHAGUS: NORMAL ESOPHAGITIS HIAL HERNIA REFLUX SCHWARTZ'S RING CARCINOMA
 VARICES
 OTHER _____

STOMACH: NORMAL GASTRITIS ULCER POLYPS LYMPHOMA CARCINOMA VARICES
 Stricture Strang HYPERGASTRY
 Erosive Wedgeprint
 Superficial
 OTHER _____

DUODENUM: NORMAL DUODENITIS ULCER POLYPS
 OTHER _____

LOCATION _____ SITE _____

RECTOSIGMOID	INFLAMMATION	POLYP	CARCINOMA
(DESCENDING)			
TRANSVERSE			
ASCENDING			
CECUM			
SIGMUM			

PROCEDURE

PRE-OPERATIVE DIAGNOSIS: _____

ENDOSCOPIC DIAGNOSIS/GROSS FINDINGS: _____

No bleed seen unless noted
 No specimen removed unless noted

Complications: _____

NO ASSISTANT(S) UNLESS NOTED: _____

SIGNATURE OF PHYSICIAN: _____ W.D.S.O. SAFE/TIME _____

Original - Medical Record
 1st Copy - Billing/Insurance
 2nd Copy - Administration Services

ENDOSCOPY REPORT
 10/27/15 12:00

200

Spec Info: