

**McLaren Print System Order**

**Order No: 55805 Reprint Previous Order No: 46126**  
**Order Date: 2020-07-30**  
**User: Lisa Ardanowski**  
**Phone: 810-768-2073**

**Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski**  
**501 S. Ballenger Hwy**  
**Flint, MI 48532**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 30014**  
**Dept Name: Surgery and Endoscopy Center Pain Clinic**  
**Company Number: 60**

**Order Total Price: 0.00**

**Item Number: 17497-1**  
**Item Description: Pain Clinic Follow-up Form Page 1**  
**Revision Date: 2/2020**  
**Print:**  
**Paper:**  
**Size:**  
**Fold:**  
**Finish:**  
**Drill:**  
**Misc Info: 3 page; 3 part**

McLaren Flint Pain Clinic Follow-up Form

Your Next Visit is for:  Return visit to  Can be seen by NP  Interventional Procedure (See Below)

Your next Appointment/Procedure date and time is: \_\_\_\_\_

Please check the box that applies with site and facility:  MHC  Local Only

<input type="checkbox"/> General	<input type="checkbox"/> General	<input type="checkbox"/> General	<input type="checkbox"/> General	<input type="checkbox"/> General	<input type="checkbox"/> General with MHC
<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Endoscopy
<input type="checkbox"/> Pain	<input type="checkbox"/> Pain	<input type="checkbox"/> Pain	<input type="checkbox"/> Pain	<input type="checkbox"/> Pain	<input type="checkbox"/> Pain
<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Urology	<input type="checkbox"/> Urology	<input type="checkbox"/> Urology	<input type="checkbox"/> Urology	<input type="checkbox"/> Urology	<input type="checkbox"/> Urology
<input type="checkbox"/> Gynecology	<input type="checkbox"/> Gynecology	<input type="checkbox"/> Gynecology	<input type="checkbox"/> Gynecology	<input type="checkbox"/> Gynecology	<input type="checkbox"/> Gynecology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Cardiology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Neurology
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Dermatology
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Radiology	<input type="checkbox"/> Radiology	<input type="checkbox"/> Radiology	<input type="checkbox"/> Radiology	<input type="checkbox"/> Radiology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

If scheduled for a procedure, please hold the following medications (ONLY after getting approval from your Primary Care Physician / Cardiologist):

\_\_\_\_ Hold for procedure hold (Pain / Opioid / Agitation / Total for some day)

\_\_\_\_ Hold for procedure hold (Corticosteroids / Prednisone / Methylprednisolone / Hydrocortisone for 5 days)

\_\_\_\_ Hold for procedure hold (Anticoagulants/Antithrombotics: Plavix, Aspirin, Warfarin, Coumadin, Heparin) for 5 days

\_\_\_\_ Hold for procedure hold (Insulin / Metformin / Blood Sugar)

\_\_\_\_ Hold for procedure hold (Heparin for BP and low molecular heparin dose 5mg and above) hold for 24h

\_\_\_\_ Holding for result after midnight for procedures scheduled prior to noon holding for result after 1 AM for procedures scheduled on or after 1 PM

\_\_\_\_ Other \_\_\_\_\_

