

McLaren Print System Order

Order No: 56999 Reprint Previous Order No: 56590
Order Date: 2020-09-22
User: Riegle Press
Phone:

Ship Location: Mid-Michigan Physicians Attn: Veronica
1540 Lake Lansing Rd Suite 201
Lansing, MI 48912

Forms

Quantity: 100
Paragon Dept No: 68150
Dept Name: Internal Medicine Associates - MMP
Company Number: 530

Order Total Price: 8.76

Item Number: 6230-162
Item Description: ER Sore Throat - Dental Pain
Revision Date: 07/2018
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ds; 2 pages-Tumbled; black; bond

McLaren McLaren Health System
 1000 S. Van Dyke
 Farmington Hills, MI 48334 • 248.350.4000
EMERGENCY PHYSICIAN RECORD
 • Sore Throat / Dental Pain •

DATE: _____ TIME: _____ AM/PM _____

REFERRING PHYSICIAN: _____ SPECIALTY: _____
 (If not listed, please print name and specialty)

PHYSICIAN

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

PAST HISTORY

ALLERGIES: _____
 SURGERIES: _____
 CHRONIC ILLNESSES: _____

SOCIAL HISTORY

TABAC: _____ ALCOHOL: _____
 DRUGS: _____

FAMILY HISTORY

PHYSICAL EXAM

General Appearance: _____
 HEAD-NECK: _____
 HEENT: _____
 EYES: _____

ROSC

Signature: _____

McLaren Health System