

McLaren Print System Order

Order No: 57486
Order Date: 2020-10-07
User: Tim Zurek
Phone: 9892699521

Ship Location: McLaren Thumb Region Emergency Room Attn: Tim
1100 S. Van Dyke Rd.
Bad Axe, MI 48731

Forms
Quantity: 100
Paragon Dept No: 060
Dept Name: Emergency Room
Company Number: 530

Order Total Price: 0.00

Item Number: 6230-142
Item Description: ER Foot / Ankle Injury
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 stapled in corner

McLaren McLaren Health Region
1000 S. Van Dyke
Bad Axe, MI 48731 • 989-269-9521
EMERGENCY PHYSICIAN RECORD
Foot / Ankle Injury

DATE: _____ TIME: _____ AM/PM _____ BY: _____ MD/DO

HISTORY: present _____ past _____

PHYSICAL EXAM

General Appearance: _____

EXTREMITIES

FOOT

ANKLE

Spec Info:



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