

McLaren Print System Order

Order No: 60242
 Order Date: 2021-02-11
 User: Debra Burley
 Phone: 989 672 5156

Ship Location: McLaren Caro Region Registration
 401 North Hooper St
 Caro , MI 48723

Forms

Quantity: 1
 Paragon Dept No: 10500
 Dept Name: McLaren Caro Region Registration
 Company Number: 510

Order Total Price: 2.25

Item Number: REG 20
 Item Description: Whole Health Wed Order
 Revision Date: 9/6/18
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: 2 pads; ss; black and white; blue stock; pads of 50; 5.5x8.5

McLaren **WHOLE HEALTH WEDNESDAY REQUISITION FORM**
 CARO REGION
PO Box 405 - 407 N Hooper - Caro MI 48703 - 360-475-1144 3RD WEDNESDAY OF EVERY MONTH - CASH ONLY, INSURANCE NOT BILLED

Patient Name _____ DOB _____ Order Date _____
 Ordering Provider _____ Provider Signature _____

This requisition is only for the tests listed below. No additional tests can be added.

SERUM/URINE

<input type="checkbox"/> CBC _____ \$15	<input type="checkbox"/> Free T4 _____ \$15
<input type="checkbox"/> Basic Metabolic* _____ \$25	<input type="checkbox"/> Hemoglobin A1C _____ \$15
<input type="checkbox"/> Comprehensive Metabolic* _____ \$40	<input type="checkbox"/> Vitamin D _____ \$15
<input type="checkbox"/> Lipid Panel** _____ \$20	<input type="checkbox"/> PSA _____ \$15
<input type="checkbox"/> Thyroid Stimulating Hormone _____ \$15	<small>**12 Hour Fast Required (except for water)</small>

RADIOLOGIE **PHYSICAL THERAPY**

<input type="checkbox"/> Whole Body Scan** _____ \$10 each or 3 for \$75	<input type="checkbox"/> Physical Therapy Consult** _____ FREE
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*****MI 48703 - 360-475-1144
 **Must call 989-672-5156 to schedule

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Spec Info: