McLaren Business Products

McLaren Print System Order

Order No: 61969 Reprint Previous Order No: 5556
Order Date: 2021-04-28
User: Doris Adair
Phone: 810-455-0284

Ship Location: McLaren-Port Huron Urology Associates; Attn: Doris
1037 Water, Street, Suite 1
Port Huron, MI 48060
Forms
Quantity: 10
Paragon Dept No: 17805
Dept Name: MMG Port Huron
Company Number: 810

Order Total Price: 69.00

Item Number: MM-34523
Item Description: Medication List (Traditional Format)
Revision Date: 11/2012
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: packages of 100; ss, black 5 hole top punch; mylar reinforced

MCLAREN MEDICAL GROUP
MEDICATION LIST

Name of Pharmacy: Telephone: Name of Pharmacy: Telephone:
1. 1. 3. 3.
2. 2. 4. 4.

ALLERGIES/REACTIONS (Drugs, Dyes, Latex, etc.)			ALLERGIES/REACTIONS (Drugs, Dyes, Latex, etc.)		
Date	Allergen	Reaction	Date	Allergen	Reaction

DATE	NAME OF MEDICATION/STRENGTH	FREQUENCY	REFILLS	DATE DC'D	STAFF SIGNATURE

Alternate Contact for Patient:

Telephone: ( )

MEDICATION LIST

Patient Name

Date of Birth