

**McLaren Print System Order**

Order No: 63158 Reprint Previous Order No: 63147  
Order Date: 2021-06-22  
User: deborah simpson  
Phone: 5864933670

Ship Location: **Gratiot Medical Building**  
36500 Gratiot ste 202  
clinton twp, mi 48035

**Forms**

Quantity: 1000  
Paragon Dept No: 58705  
Dept Name: multi specialty clinic  
Company Number: 260

Order Total Price: 33.50

Item Number: MO-799000-1  
Item Description: Macomb Family First Office Procedure Note  
Revision Date: 6/2021  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: 2 Hole Top  
Misc Info: ss; black & white; bond

McLaren Macomb Family First  
Office Procedure Note

Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Consent Signed: \_\_\_\_\_

Procedures: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Amount of Anesthesia: \_\_\_\_\_

code	1% lid	1%lid w/	2% lid	2%lid w/	1.5% narcotic	Other choice

Lesion Site: \_\_\_\_\_

Number of Lesions: \_\_\_\_\_

Method: \_\_\_\_\_

Specimen Size: \_\_\_\_\_

Excisional Biopsy \_\_\_\_\_

Shave Biopsy \_\_\_\_\_

Punch Biopsy \_\_\_\_\_

Cryo \_\_\_\_\_

Specimen Sent: YES / NO \_\_\_\_\_

EBL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient to return to clinic in \_\_\_\_\_ days.

Wound was dressed appropriately. Wound care instructions were provided. Patient instructed to call with any questions or concerns. Follow up as scheduled.

Physician: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Teaching Physician

\_\_\_\_\_ I was personally present and supervised the resident performing this procedure.

\_\_\_\_\_ I personally performed this procedure.

Physician: \_\_\_\_\_ Date and Time: \_\_\_\_\_

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