

McLaren Print System Order

Order No: 63519
 Order Date: 2021-07-06
 User: Rachelle Kramer
 Phone: (810) 342-2002

Ship Location: McLaren Flint - 3C Endoscopy Attn: Rachelle
 401 S. Ballenger Hwy
 Flint, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 30350
 Dept Name: Endoscopy 3C
 Company Number: 60

Order Total Price: 96.00

Item Number: 17025-6
 Item Description: Endoscopy Report
 Revision Date: 1/2016
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: 5 Hole Top
 Misc Info:

MCLAREN FLINT
 PUNJ BIOMARK
 ENDOSCOPY REPORT

DIAGNOSTIC
 ELECTIVE
 THERAPEUTIC
 EMERGENCY

All BOLD Elements REQUIRED by CMS & Joint Commission. Please Fully Complete.

GASTROENTEROLOGIST: _____ DATE: _____

HISTORY: HEMATEMESIS MELENA HEMIA MASS LESION ULCER UNEXPLAINED PAIN
 HEMITOCHEZIA DIARRHEA FAMILY HISTORY OF CA INFLAMMATORY BOWEL DISEASE
 OTHER _____

(LT) _____	SALICIN _____	MIFEPRESTONE _____	MUCOLAS-HCL _____
mg	mg	mg	mg

OTHER BY: (if name) _____

ESOPHAGUS: NORMAL ESOPHAGITIS HIAL HERNIA REFLUX SCHWARTZ'S RING CARCINOMA
 VARICES _____
 OTHER _____

STOMACH: NORMAL GASTRITIS ULCER POLYPS LYMPHOMA CARCINOMA VARICES
 Stricture Benign HYPERPLASIA
 Erosive Malignant
 Superficial
 OTHER _____

DUODENUM: NORMAL DUODENITIS ULCER POLYPS _____
 OTHER _____
 LOCATION _____ SITE _____

RECTOSIGMOID	INFLAMMATION	POLYP	CARCINOMA
(DESCENDING)			
TRANSVERSE			
ASCENDING			
CECUM			
SIGMUM			

PROCEDURE _____

PRE-OPERATIVE DIAGNOSIS: _____

ENDOSCOPIC DIAGNOSIS/GROSS FINDINGS: _____

No bleed time unless noted _____
 No specimen removed unless noted _____

Complications: _____

NO ASSISTANT(S) UNLESS NOTED: _____

SIGNATURE OF PHYSICIAN: _____ W.D./D.O. SAFE/TIME _____

Original - Medical Record
 1st Copy - Billing/Insurance
 2nd Copy - Administration Services

ENDOSCOPY REPORT
 10/21/16 12:00

200

Spec Info: