

McLaren Print System Order

Order No: 8773 Reprint Previous Order No: 7180
Order Date: 2015-02-05
User: Verna Lee
Phone: 989-345-1184

Ship Location: Primary Care Inc. (Cheryl)
2331 Progress Street
West Branch, MI 48661

Forms

Quantity: 24
Paragon Dept No: 69200
Dept Name: Primary Care Inc.
Company Number: 810

Order Total Price: 38.40

Item Number: MM-150
Item Description: Sample Medication Prescription MMG Provider Office
Revision Date: 1/2014
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: 3 Part (White, Yellow, Pink); Padded in 25 sets per pad; 2 hole drill at top; Quantity must be ordered in increments of 4.

Sample Medication Prescription
MMG PROVIDER OFFICE

Dr. _____

Date: ____/____/____ Patient: _____

Drug Dose: _____ Qty Disp: _____

Lot #: _____ Exp Date: ____/____/____

Balance: _____

Directions: _____

Sub/Effic/Disc: (T) (N) (N) No Billis

Provider Signature: _____

***** 1815 patient 020107 sample 1815 patient.doc

Sample Medication Prescription
MMG PROVIDER OFFICE

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