

**McLaren Print System Order**

**Order No: 42942 Reprint Previous Order No: 9446**  
**Order Date: 2019-02-18**  
**User: Lisa Ardanowski**  
**Phone: 810-768-2073**

**Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski**  
**501 S. Ballenger Hwy**  
**Flint, MI 48532**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 30014**  
**Dept Name: Surgery and Endoscopy Center Pain Clinic**  
**Company Number: 60**

**Order Total Price: 27.40**

**Item Number: 2243**  
**Item Description: MRI Outpatient Form**  
**Revision Date: 12/2015**  
**Print: 2 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: Padded (50 Sheets Per Pad)**  
**Drill: None**  
**Misc Info: Order the amount of sheets you would like to receive.**

McLaren Print  
FORM MR-OUTPAT-0001

**MR OUTPATIENT ORDER**

<small>McLaren MRI - Flint 13 700 South Ballenger Hwy • Flint, MI 48532 Phone (810) 235-8011 • Fax (810) 235-8018</small>	<small>McLaren MRI - Clarkston 13 3701 Snow Flounder Dr., Suite 110 • Clarkston, MI 48049 Phone (248) 603-4618 • Fax (248) 603-9013</small>
---	---

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Authorization No.: \_\_\_\_\_  
Call Patient: \_\_\_\_\_ Patient to Call: \_\_\_\_\_ Referring Physician: \_\_\_\_\_  
Appointment Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**EXAM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Di: \_\_\_\_\_  
Signs / Symptoms: \_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN SIGNATURE REQUIRED:** \_\_\_\_\_ Date: \_\_\_\_\_  
Office Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
**RADIOLOGIST WILL DETERMINE APPROPRIATE USE OF CONTRAST**

Patients with Pacemaker or Cardiac Defibrillator (ICD)  
are not candidates for MRI exams



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_