

McLaren Print System Order

Order No: 43766 Reprint Previous Order No: 12811
 Order Date: 2019-03-21
 User: Laura Atsoff
 Phone: 586-790-9003

Ship Location: McLaren Macomb Multi-Specialty
 36500 Gratiot, Suite 102
 Clinton Twp , MI 48035

Forms

Quantity: 1000
 Paragon Dept No: 60330
 Dept Name: McLaren Macomb Family First
 Company Number: 260

Order Total Price: 16.50

Item Number: MO-103
 Item Description: Patient Phone Call
 Revision Date: 7/2015
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: half sheet 5.5x8.5

PATIENT PHONE CALL	
Message For: <input type="checkbox"/> URGENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's Name: _____ Age: _____ Weight: _____	
Caller: _____ Home Phone: _____ Work Phone: _____	
Pharmacy: _____ Pharmacy Phone: _____	
REGARDING: <input type="checkbox"/> Stress <input type="checkbox"/> Phone Follow-up <input type="checkbox"/> Rx Refill	
<input type="checkbox"/> Injury <input type="checkbox"/> Referral <input type="checkbox"/> Test Results	
<input type="checkbox"/> Medications <input type="checkbox"/> Returning Call <input type="checkbox"/> Other	
MESSAGE:	RESPONSE:
Date: _____ Time: _____ By: _____	By: _____
PROBLEM:	DATE OF RESPONSE:
McLaren	

PATIENT PHONE CALL	
Message For: <input type="checkbox"/> URGENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's Name: _____ Age: _____ Weight: _____	
Caller: _____ Home Phone: _____ Work Phone: _____	
Pharmacy: _____ Pharmacy Phone: _____	
REGARDING: <input type="checkbox"/> Stress <input type="checkbox"/> Phone Follow-up <input type="checkbox"/> Rx Refill	
<input type="checkbox"/> Injury <input type="checkbox"/> Referral <input type="checkbox"/> Test Results	
<input type="checkbox"/> Medications <input type="checkbox"/> Returning Call <input type="checkbox"/> Other	
MESSAGE:	RESPONSE:
Date: _____ Time: _____ By: _____	By: _____
PROBLEM:	DATE OF RESPONSE:
McLaren	