

**McLaren Print System Order**

**Order No: 44453**  
**Order Date: 2019-04-12**  
**User: Andrea Bennett**  
**Phone: 342-3900**

**Ship Location: McLaren Flint Beechill Ctr**  
**G3200 Beecher Rd**  
**Flint, MI 48532**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 36110**  
**Dept Name: Sleep Center**  
**Company Number: 60**

**Order Total Price: 0.00**

**Item Number: 17556**  
**Item Description: Encounter Form**  
**Revision Date: 6/2016**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

MCLAREN FLINT SLEEP DIAGNOSTIC CENTER ENCOUNTER FORM	
Referral Date:	Pocket Mailed:
INSURANCE:	Group #:
Contract Number:	

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_

TEST #1	TEST #2	SCHEDULING NOTATIONS
Test Ordered		
Scheduled Date		
Arrival Time		
Bedroom Used		
Technician		
Patient:		
DOB:	SS #:	Ref Phys:
Address:		Phys Phone #:
City:	Zip:	Phys Fax #:
Home Phone:		Alt. Phys:
Alt. Phone #:		Alt. Phys. Phone #:
		Alt. Phys. Fax #:
EPSS:	Height:	Weight:
		APR:

**Spec Info:**

Interpreting Physician: \_\_\_\_\_

ENCOUNTER FORM  
FORM 001


