

McLaren Print System Order

Order No: 45351 **Reprint Previous Order No:** 5556
Order Date: 2019-05-13
User: Doris Adair
Phone: 810-455-0284

Ship Location: McLaren-Port Huron Urology Associates; Attn: Doris
 1037 Water, Street, Suite 1
 Port Huron, MI 48060

Forms

Quantity: 5
Paragon Dept No: 66325
Dept Name: MMG Port Huron
Company Number: 810

Order Total Price: 34.50

Item Number: MM-34523
Item Description: Medication List (Traditional Format)
Revision Date: 11/2012
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: packages of 100; ss, black 5 hole top punch; mylar reinforced

McLAREN MEDICAL GROUP
Medication List

Name of Pharmacy: _____ Telephone: _____ Name of Pharmacy: _____ Telephone: _____
 1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____ 7. _____ 8. _____

ALLERGEN REACTIONS (Drugs, Eyes, Latex, etc.)			ALLERGEN REACTIONS (Drugs, Eyes, Latex, etc.)		
Type	Allergen	Reaction	Type	Allergen	Reaction

DATE	NAME OF MEDICATION/STRENGTH	FREQUENCY	REFILLS	DATE DC'D	STAFF SIGNATURE

Alternate Contact for Patient: _____
 Telephone: (_____) _____
 Patient Name: _____
 Date of Birth: _____

McLAREN MEDICAL GROUP
Medication List