McLaren Business Products

McLaren Print System Order

Order No: 45447 Reprint Previous Order No: 6372
Order Date: 2019-05-16
User: Jessica Smith
Phone: 989-773-1166

Ship Location: **McLaren Central ReadyCare/ attn: Jessica**
1523 S. Mission St.
Mt. Pleasant , Mi 48858
Forms
Quantity: 1000
Paragon Dept No: 75400
Dept Name: Central ReadyCare
Company Number: 810

Order Total Price: 60.50

Item Number: MM-34220
Item Description: TB Skin Test Documentation Form
Revision Date: 6/2016
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLAREN MEDICAL GROUP

___ 2013 E. Hill Rd.
Grand Blanc, MI 48439

___ 1523 S. Mission St.
Mt. Pleasant, MI 48858

___ 1254 N. Main St.
Lapeer, MI 48446

___ 4 Columbus Ave. Suite 140
Bay City, MI 48708

TB SKIN TEST DOCUMENTATION FORM

Patient/Employee Name: ____________________ Date of birth: __________

Administration

TB Screening Questionnaire completed ___

Brand: __________ Lot#: ___________ Exp Date: _______________

___ 0.1 mL administered with 6-10mm wheal Arm: Right/Left

Date/Time of administration: ____________________

Administered By: ____________________________

Reading

Date/Time Read: __________ Read By: ____________________

Results: _____mm of induration

Recommendations for results over 0mm of induration:

Provider reviewed results: ___

Provider recommendations: ______________________________________

____

Provider Signature: _________________________

Positive Skin Test Result

Date/Time Health Department Notified: ___________________________

Reported By: ______________________________

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Reported By: ______________________________