

McLaren Print System Order

Order No: 46161
Order Date: 2019-06-12
User: jacqueline silva
Phone: 810-342-2270

Ship Location: McLaren Flint- 10 South Attn: Tony
401 south ballenger hwy
flint, michigan 48532

Forms

Quantity: 500
Paragon Dept No: 23040
Dept Name: 10 south
Company Number: 60

Order Total Price: 0.00

Item Number: 17429
Item Description: Consultation Report
Revision Date: 7/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

**McLAREN FLINT
CONSULTATION REPORT**

REQUEST to be completed by requesting physician

REQUEST FOR CONSULTATION WITH _____	DATE _____	TIME _____
SUMMARY OF PRESENT FINDING REASON FOR CONSULTATION		
<input type="checkbox"/> RECOMMENDATION ONLY <input type="checkbox"/> CHANGE <input type="checkbox"/> RISK/ALERT CARE <input type="checkbox"/> PARTICIPATE IN AREA SPECIFIED	<input type="checkbox"/> CONSULTATION PRIORITY <input type="checkbox"/> ROUTINE (within 24 hours) <input type="checkbox"/> URGENT (immediate) Within 4 hours Physician to Physician not required	CONSULTANT NOTIFIED (if emergent requesting physician MUST verify) YES: _____ TIME: _____ NO: _____ TIME: _____ Entered in Paragon: YES: _____ TIME: _____ NO: _____ TIME: _____
REPORT OF CONSULTATION RESULT		

APPROVE SIGNING AND RECOMMENDATIONS

Spec Info:

FORM NO: _____	DATE: _____	TIME: _____	<input type="checkbox"/> PRINTED <input type="checkbox"/> REPRODUCED <input type="checkbox"/> REPRODUCED	(Please do not write on this form)
CONSULTATION REPORT 1500				
Do not write along the bottom of this form.				