

McLaren Print System Order

Order No: 46324
 Order Date: 2019-06-19
 User: deborah simpson
 Phone: 5864933670

Ship Location: Gratiot Medical Building
 36500 Gratiot, STE 202
 clinton twp, mi 48035

Forms

Quantity: 1000
 Paragon Dept No: 60210
 Dept Name: mt clemens womens health
 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: _____ | |
| Home Phone: _____ Work Phone: _____ | |
| Caller: _____ Pharmacy Phone: _____ | |
| Pharmacy: _____ | |
| 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: _____ |
| PROBLEN | DATE OF RESPONSE |
| www.mclaren.com | |

Spec Info:

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| Date: _____ Time: _____ By: _____ | By: _____ |
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