

**McLaren Print System Order**

Order No: 46965  
 Order Date: 2019-07-15  
 User: kimberly johnson  
 Phone: 810-342-2193

Ship Location: Kimberly Johnson  
 McLaren Flint - P.A.T (1 Central) / Attn: Kim J.  
 Flint , MI 48532

Forms  
 Quantity: 2500  
 Paragon Dept No: 30510  
 Dept Name: McLaren-Flint P.A.T (1 Central)  
 Company Number: 60

Order Total Price: 1250.00

Item Number: PACKET  
 Item Description: P.A.T. Packet  
 Revision Date: 10/2016  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:

Misc Info: This packet is comprised of multiple forms (1 form is color) specifically f  
 or the P.A.T. department - 5 Hole

McLaren Flint  
 Pre-Operative Check-off

	Pre-op/OR RN (Initials)	OR/PA/CR RN (Initials)
Completed Consent (Signed, Dated, Timed).....	_____	_____
History & Physical updated.....	_____	_____
Surgical site marked..... <input type="checkbox"/> NA	_____	_____
Patient ID band on.....	_____	_____
Allergies noted (on chart & arm band).....	_____	_____
Blood Products available..... <input type="checkbox"/> NA	_____	_____
Patient belongings with family/friend.....	_____	_____
(Dentures, Glasses, jewelry)		
Pre-op meds given and time.....	_____	_____
Antibiotic:.....		
Beta Blocker:.....		
Other:.....		

Pre-op or OR RN Signature: \_\_\_\_\_  
 CRNA or OR RN Signature: \_\_\_\_\_

**Spec Info:**

**This form is not part of the legal Health Record**

This is a confidential and/or controlled document. It is intended for internal use only. It is not to be distributed outside the organization. It is not to be used for legal or financial purposes. It is not to be used for marketing or sales purposes. It is not to be used for advertising or promotional purposes. It is not to be used for any other purpose. It is not to be used for any other purpose. It is not to be used for any other purpose.

Pre-Operative Check-off  
 17588 (10-16)
