McLaren Business Products

McLaren Print System Order

Order No: 47217 Reprint Previous Order No: 7621
Order Date: 2019-07-25
User: susan jackson
Phone: 8103425370

Ship Location: McLaren Pulmonary Rehab
G 3230 Beecher Road lower level
Flint, Michigan 48532,
Forms
Quantity: 100
Paragon Dept No: 40110
Dept Name: Pulmonary Rehab
Company Number: 60

Order Total Price: 0.00

Item Number: 17576-A
Item Description: Ambulatory Medication Reconciliation Form
Revision Date: 12/2008
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Flint

AMBULATORY MEDICATION RECONCILIATION FORM

ALLERGIES: _____ Date/Initials _____

ALLERGIES: _____ Date/Initials _____

PHARMACY: _____ Phone: _____

CURRENT HOME MEDICATIONS (PRESCRIPTIONS, OTC, HERBALS, PATCHES, INHALERS, EYE DROPS, SUPPLEMENTS, RESEARCH MEDS, ETC.)

Drug Name* (include dose, route, frequency)	Date Reviewed / Initials	Date Reviewed / Initials	Date Reviewed / Initials	Date Reviewed / Initials	Date Reviewed / Initials

* Any new medication orders pose starts or regimen changes should be entered on a new line.

KEY:

Initials _____ Name: _____ Clinic: _____ Initials _____ Name: _____ Clinic: _____

Initials _____ Name: _____ Clinic: _____ Initials _____ Name: _____ Clinic: _____

Initials _____ Name: _____ Clinic: _____ Initials _____ Name: _____ Clinic: _____

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AMBULATORY MEDICATION RECONCILIATION FORM

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