

McLaren Print System Order

Order No: 47979  
Order Date: 2019-08-23  
User: Renee Bell  
Phone: 810 342 2406

Ship Location: 6 central mclaren flint attn renee  
401 s ballenger hwy  
flint michigan 48532,

Forms

Quantity: 100  
Paragon Dept No: 23090  
Dept Name: transitional care unit telemetry  
Company Number: 60

Order Total Price: 17.05

Item Number: M-1337  
Item Description: Care Pads  
Revision Date: 6/2009  
Print: 1 sided full color  
Paper: 3 Part (White, Yellow, Pink)  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill:  
Misc Info: Finish size: 4.25 x 5.5 inches. Order in increments of 4; 25 sets per pad.

Form 1 (top left): Patient \_\_\_\_\_ Date/Time \_\_\_\_\_  
Right/Left \_\_\_\_\_  
C. (Call Page) \_\_\_\_\_  
A. (Call Page) \_\_\_\_\_  
R. (Call Page) \_\_\_\_\_  
E. (Create Intervention) \_\_\_\_\_  
Cat \_\_\_\_\_  
K+ \_\_\_\_\_  
Nap \_\_\_\_\_  
Creat/Ban \_\_\_\_\_  
Trop (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
Other \_\_\_\_\_  
Call this by \_\_\_\_\_ R.N. Initials \_\_\_\_\_ Phys certified \_\_\_\_\_  
Intervention: \_\_\_\_\_  
Reminder: Document results in Care Manager.

Form 2 (top right): Patient \_\_\_\_\_ Date/Time \_\_\_\_\_  
Right/Left \_\_\_\_\_  
C. (Call Page) \_\_\_\_\_  
A. (Call Page) \_\_\_\_\_  
R. (Call Page) \_\_\_\_\_  
E. (Create Intervention) \_\_\_\_\_  
Cat \_\_\_\_\_  
K+ \_\_\_\_\_  
Nap \_\_\_\_\_  
Creat/Ban \_\_\_\_\_  
Trop (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
Other \_\_\_\_\_  
Call this by \_\_\_\_\_ R.N. Initials \_\_\_\_\_ Phys certified \_\_\_\_\_  
Intervention: \_\_\_\_\_  
Reminder: Document results in Care Manager.

Form 3 (bottom left): Patient \_\_\_\_\_ Date/Time \_\_\_\_\_  
Right/Left \_\_\_\_\_  
C. (Call Page) \_\_\_\_\_  
A. (Call Page) \_\_\_\_\_  
R. (Call Page) \_\_\_\_\_  
E. (Create Intervention) \_\_\_\_\_  
Cat \_\_\_\_\_  
K+ \_\_\_\_\_  
Nap \_\_\_\_\_  
Creat/Ban \_\_\_\_\_  
Trop (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
Other \_\_\_\_\_  
Call this by \_\_\_\_\_ R.N. Initials \_\_\_\_\_ Phys certified \_\_\_\_\_  
Intervention: \_\_\_\_\_  
Reminder: Document results in Care Manager.

Form 4 (bottom right): Patient \_\_\_\_\_ Date/Time \_\_\_\_\_  
Right/Left \_\_\_\_\_  
C. (Call Page) \_\_\_\_\_  
A. (Call Page) \_\_\_\_\_  
R. (Call Page) \_\_\_\_\_  
E. (Create Intervention) \_\_\_\_\_  
Cat \_\_\_\_\_  
K+ \_\_\_\_\_  
Nap \_\_\_\_\_  
Creat/Ban \_\_\_\_\_  
Trop (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
Other \_\_\_\_\_  
Call this by \_\_\_\_\_ R.N. Initials \_\_\_\_\_ Phys certified \_\_\_\_\_  
Intervention: \_\_\_\_\_  
Reminder: Document results in Care Manager.

Spec Info: