

**McLaren Print System Order**

**Order No: 48364 Reprint Previous Order No: 12811**  
**Order Date: 2019-09-03**  
**User: Laura Atsoff**  
**Phone: 586-790-9003**

**Ship Location: McLaren Macomb Multi-Specialty**  
**36500 Gratiot, Suite 102**  
**Clinton Twp , MI 48035**

**Forms**

**Quantity: 2500**  
**Paragon Dept No: 60320**  
**Dept Name: McLaren Macomb Family First**  
**Company Number: 260**

**Order Total Price: 39.25**

**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: _____	
Caller: _____ Home Phone: _____ Work Phone: _____	
Pharmacy: _____ Pharmacy Phone: _____	
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: _____
PROBLEM:	DATE OF RESPONSE:

PATIENT PHONE CALL	
Message For: <input type="checkbox"/> URGENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's Name: _____ Age: _____ Weight: _____	
Caller: _____ Home Phone: _____ Work Phone: _____	
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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: _____
PROBLEM:	DATE OF RESPONSE: