McLaren Business Products

McLaren Print System Order

Order No: 49326 Reprint Previous Order No: 6372
Order Date: 2019-10-09
User: Ashley Whitaker
Phone: 248-922-9975

Ship Location: 6507 Town Center Drive Ste A

Clarkston, MI 48346
Forms
Quantity: 100
Paragon Dept No: 73150
Dept Name: McLaren Oakland Clarkston Internal Medicine
Company Number: 810

Order Total Price: 7.65

Item Number: MM-34220
Item Description: TB Skin Test Documentation Form
Revision Date: 9/2019
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: Padded (100 Sheets Per Pad)
Drill: None
Misc Info:

McLAREN MEDICAL GROUP

Office Stamp

TB SKIN TEST DOCUMENTATION FORM

Patient/Employee Name: _____ Date of birth: _____

Administration

TB Screening Questionnaire completed ___

Brand: _____ Lot#: _____ Exp Date: _____

___ 0.1 mL administered with 6-10mm wheal Arm: Right/Left

Date/Time of administration: _____

Administered By: _____

Reading

Date/Time Read: _____ Read By: _____

Results: _____mm of induration

Recommendations for results over 0mm of induration:

Provider reviewed results: ___

Provider recommendations: _____

_____

Provider Signature: _____

Positive Skin Test Result

Date/Time Health Department Notified: _____

Reported By: _____

MM-34220 (9/19)

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MM-34220 (9/19)