

McLaren Print System Order

Order No: 49634 Reprint Previous Order No: 5506 Order Date: 2019-10-21 User: Katie Jacobs Phone: 9893457000

Ship Location: Evergreen Clinic-Elaine Brewer 611 Court Street Clinic West Branch, MI 48661

Forms Quantity: 500 Paragon Dept No: 69990 Dept Name: McLaren Company Number: 810

Order Total Price: 117.00

Item Number: MM-474 Item Description: Influenza Consent Form Revision Date: 8/2019 Print: 1 sided black and white Paper: 2 Part (White, Yellow) Size: 8.5 x 11 Fold: Finish: Drill: None Misc Info: This form must be ordered with DCH-0457

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Address		Desiring.		
ON	Date			
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3. Do prochave a fever or	active illness?		3.74	0.84
4. Boyou have agenthis	etory of Guillain-Barre Synchrome ?		Q Res	0.86
8. Do you have a history	y of authors or wherearing? (for intromunal administration	ton-anity)	12/94	12 Mar
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INFLUENCE COMMENT FORM Cogniti-Contex Consey-Patient

Administered by \_\_\_\_\_

Lot Number \_\_\_\_\_\_Manufacturer \_\_\_\_\_

MI-CK Rev 82070

Expiration Date:

Time .

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