

McLaren Print System Order

Order No: 54841
 Order Date: 2020-06-17
 User: chad chunko
 Phone: 8103422235

Ship Location: Beech hill specialty clinics / attn Chad Chunko
 G3200 beecher road
 flint, mi 48532

Forms

Quantity: 500
 Paragon Dept No: 36010
 Dept Name: specialty clinics
 Company Number: 60

Order Total Price: 19.25

Item Number: M-5172
 Item Description: Specialty Clinics and Wound Care Intake Form
 Revision Date: 7/2020
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: Padded (50 Sheets Per Pad)
 Drill: None
 Misc Info:



Date: _____

Patient Name: _____ DOB: _____

Address: _____ Phone: _____

City, State, Zip: _____ Phone: _____

Race: _____ Language: _____ Social Security Number: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Durable power of attorney for health care? Yes No If yes, who? _____

Location of wound: _____ Duration: _____

Is the wound a worker's compensation claim? Yes No

Is the wound the result of an auto accident? Yes No If yes, date of accident: _____

Does the patient have an amputation? Yes No If yes, where? _____

Does the patient have diabetes? Yes No

	Primary Insurance	Secondary Insurance	Tertiary Insurance
Plan #			
Policy #			
Group #			
Ref Name	Referring Name		
Address	Address		
City, State, Zip	City, State, Zip		
Phone	Phone		
Fax	Fax		

Spec Info:

Please fill out all of the above areas completely

Internal Office Use Only

Inquiry Date: _____ Caller Name: _____

Appr Date & Time: _____ Physician: _____

Established New MTRR: _____ ICD PT9: _____