

**McLaren Print System Order****Order No: 54879****Order Date: 2020-06-21****User: Darlene Maguire****Phone: 810-3422395****Ship Location: mclaren flint 8th floor attn darlene  
401 s. ballanger hwy  
flint, mi 48532****Forms****Quantity: 1000****Paragon Dept No: 23080****Dept Name: 8th floor orthopedics****Company Number: 60****Order Total Price: 33.50****Item Number: 17429****Item Description: Consultation Report****Revision Date: 7/2016****Print: 1 sided black and white****Paper: 20# White Text****Size: 8.5 x 11****Fold:****Finish: None****Drill: 5 Hole Top****Misc Info:**

McLAREN FLINT  
CONSULTATION REPORT

REQUEST to be completed by requesting physician:

REQUEST FOR CONSULTATION WITH:	DATE:	TIME:
SUMMARY OF PRESENT FINDING REASON FOR CONSULTATION:		
<input type="checkbox"/> RECOMMENDATION ONLY <input type="checkbox"/> TREATMENT <input type="checkbox"/> MEDICAL CARE <input type="checkbox"/> PARTICIPATE IN AREA SPECIFIED	<input type="checkbox"/> CONSULTATION PRIORITY <input type="checkbox"/> ROUTINE (within 24 hours) <input type="checkbox"/> URGENT (immediately within 4 hours Physician to Physician not required)	<input type="checkbox"/> CONSULTANT NOTIFIED (if emergent requesting physician MUST verify) DATE: / TIME: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notified in Paragon: DATE: / TIME: <input type="checkbox"/> <input type="checkbox"/>
REPORT OF CONSULTATION RESULT <small>APPROVED AND WILL BE COMMENTED ON</small>		

INDICATIONS

RECOMMENDATIONS

**Spec Info:**

PRINTING: DATE: / TIME: /	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Printed on: 20# White Text
CONSULTATION REPORT 1500		
Do not write along the bottom of this form.		