

McLaren Print System Order

Order No: 56165 Reprint Previous Order No: 53982
Order Date: 2020-08-19
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: 310

Order Total Price: 0.00

Item Number: MO-417
Item Description: DIAGNOSTIC ORDER FORM OAKLAND
Revision Date: 4/2020
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ds, black, 20# bond



DIAGNOSTIC IMAGING

50 North Perry Street, 300 N. Lapeer Road, 5701 Bow Pointe Drive, Suite 110
Plymouth, MI 48242, Clarkston, MI 48024, Clarkston, MI 48024
Scheduling: 248-338-5000, Phone: 248-620-5012, Phone: 248-620-5012
Phone: 248-338-5000, Fax: 248-620-5013, Fax: 248-620-5013
Fax: 248-338-5000

PLEASE REMEMBER TO BRING THIS FORM TO YOUR APPOINTMENT

Your appointment is scheduled on: Date: Time:
Patient Name: DOB: / /
Print Ordering Physician's Name: Signature:
Physician's Phone #: Fax Number: Date Ordered:
Diagnosis:

GENERAL RADIOLOGY
Nuclear Medicine
Radioisotope: Left Right Anterior
Bone Density (DEXA SCAN)

CAT SCAN (if extra required, they have to be called within 30 days of patient being injected)
Current option MUST be selected: Without With With & Without
CURRENT order without LAB RESULTS: SUN Condition: Date performed:

ULTRASOUND
Abdominal: Complete
Breast: Complete
Cardiac: Complete
Extremity: Complete
Pelvic: Complete