

McLaren Print System Order

Order No: 57426 Reprint Previous Order No: 56242
Order Date: 2020-10-06
User: Deb House
Phone: 989-269-8933 x4562

Ship Location: McLaren Thumb - main hospital/x-ray - attn: Deb House
1100 South Van Dyke Rd
Bad Axe, MI 48413

Forms

Quantity: 100
Paragon Dept No: 27250
Dept Name: Medical Imaging
Company Number: 530

Order Total Price: 0.00

Item Number: 026.111a
Item Description: Vasular Lab Worksheet
Revision Date: 07/2018
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER



THUMB REGION

1100 S. Van Dyke • Bad Axe, Michigan 48413
989-269-9521 • Fax: 989-269-7048 • www.humansmedicalcenter.org

VASCULAR LAB WORKSHEET

Name _____ Patient # _____ Date _____
Physician _____ Diagnosis _____
Right _____ Left _____



Technician's Signature: _____