

McLaren Print System Order

Order No: 57630
Order Date: 2020-10-15
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 orthopeadics
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"/> CHANGE <input type="checkbox"/> INJURY 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 _____ DATE _____ TIME _____ <input type="checkbox"/> Entered in Paragon DATE _____ TIME _____
REPORT OF CONSULTATION RESULT <small>APPROVED AND RECOMMENDATIONS</small>		

DATE/TIME _____

RECOMMENDATIONS _____

Spec Info:

FORM NO. _____	DATE _____	TIME _____	<input type="checkbox"/> PRINTED	<input type="checkbox"/> REPRODUCED	<input type="checkbox"/> REPRODUCED	<input type="checkbox"/> REPRODUCED	<input type="checkbox"/> REPRODUCED	<input type="checkbox"/> REPRODUCED	<input type="checkbox"/> REPRODUCED
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1500

CONSULTATION REPORT

Do not write along the bottom of this form.