

**McLaren Print System Order**

**Order No: 58146**  
**Order Date: 2020-11-02**  
**User: Susan Hillger**  
**Phone: 248-866-2048**

**Ship Location: McLaren PT (Janel Anderson)**  
**G-3239 Beecher Rd**  
**Flint , MI 48532**

**Forms**

**Quantity: 1000**  
**Paragon Dept No: 38110**  
**Dept Name: McLaren Flint**  
**Company Number: 60**

**Order Total Price: 0.00**

**Item Number: M-17512**  
**Item Description: Physical Therapy Daily Note**  
**Revision Date: 5/2016**  
**Print: 2 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info: Printing Instructions: This form is to be printed double sided - tumbled.**

McLaren Flint  
FLINT, MICHIGAN

**PHYSICAL THERAPY DAILY NOTE**

<small>Date</small> ____/____/____	<small>By</small> ____	<small>Time</small> ____	<small>Pain Scale</small> ____/10 <small>Level</small> ____
<small>Mr.</small> ____	<small>Ms.</small> ____	<small>Dr.</small> ____	
<small>Treatment</small> ____			
<small>Start/Stop</small> ____			
<small>Signature/Co-Signature</small> <small>Date/Time</small> _____			
<small>Date</small> ____/____/____	<small>By</small> ____	<small>Time</small> ____	<small>Pain Scale</small> ____/10 <small>Level</small> ____
<small>Mr.</small> ____	<small>Ms.</small> ____	<small>Dr.</small> ____	
<small>Treatment</small> ____			
<small>Start/Stop</small> ____			
<small>Signature/Co-Signature</small> <small>Date/Time</small> _____			
<small>Comments</small> _____ _____ _____			

**Spec Info:**

Caution: This form is to be used only for the treatment provided, participate with the student for the delivery of the service and is not printed for the entire treatment session.

Date and time      Date and time      Date and time

Therapist Signature/Co-Signature \_\_\_\_\_

Therapist Signature/Co-Signature \_\_\_\_\_

Therapist Signature/Co-Signature \_\_\_\_\_

PHYSICAL THERAPY DAILY NOTE

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