

**McLaren Print System Order**

Order No: 60325 Reprint Previous Order No: 5522  
 Order Date: 2021-02-16  
 User: Dolores Guy  
 Phone: 586-978-8010

Ship Location: Dolores Guy  
 35111 Dodge Park  
 Sterling Heights, MI 48312

**Forms**

Quantity: 500  
 Paragon Dept No: 72500  
 Dept Name: Sterling Heights Pediatrics and Family Medicine  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-3380A  
 Item Description: Adult Physical Examination  
 Revision Date: 1/2000  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

McLaren Medical Group			
ADULT PHYSICAL EXAMINATION			
Name	Age	Date of Birth	Date of Service
Chief Complaint			
BP	HT	Temp	UMP
Pulse	WT	RR/SP	Urine
REVIEW OF SYSTEMS		PHYSICAL EXAMINATION	FINDINGS
CONSTITUTIONAL SYMPTOMS (fever, weight loss, etc.)		GENERAL APPEARANCE	
EYES		EYES	
EARS, NOSE, MOUTH, THROAT		EARS/NOSE/MOUTH/THROAT	
CARDIOVASCULAR		NECK	
RESPIRATORY		RESPIRATORY	
GASTROINTESTINAL		CARDIOVASCULAR	
GENITOURINARY		CHEST (BREASTS)	
MUSCULOSKELETAL		GASTROINTESTINAL (ABDOMEN)	
SKIN AND/OR BREAST		GENITOURINARY	
NEUROLOGICAL		HEMATOLOGICAL/HEMATIC	
PSYCHIATRIC		ALLERGIC/IMMUNOLOGIC	
ENDOCRINE		LYMPHATIC	
HEMATOLOGICAL/HEMATIC		MUSCULOSKELETAL	
Signature if not completed by physician			
IMPRESSION		SKIN	
PLAN		NEUROLOGICAL	
FOLLOW UP		PSYCHIATRIC	
Physician's Signature			
Date			