

McLaren Print System Order

Order No: 62579
Order Date: 2021-05-25
User: Deanna Sisman
Phone: 586 421 4204

Ship Location: McLaren Macomb Neurology
1030 Harrington Ste LL01
Mount Clemens, MI 48043

Forms

Quantity: 20
Paragon Dept No: 72250
Dept Name: McLaren Macomb General and Vascular Surgery
Company Number: 260

Order Total Price: 69.60

Item Number: MO-427
Item Description: REFERRAL to McLaren Macomb Seizure-Epilepsy clinic
Revision Date: 5/2021
Print:
Paper:
Size:
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Finish:
Drill:
Misc Info: ss; black and white; pad of 50



REFERRAL to McLaren Macomb Seizure/Epilepsy clinic

Please fax to 586-493-3299

Date of Referral: _____

Referring Physician & contact info _____

Patient name: _____

DOB: _____

Based on your:

____ Diagnosis

____ Medical History

____ Current Medications

And per discussion, it is recommended that you follow up with a seizure specialist/epileptologist 2 weeks.

Please call the McLaren Macomb Neurology clinic to schedule an appointment.

Our address and contact information is:

Dr. H. Anbrochia, MD and Allison Kayman, PA-C

1030 Harrington Street Suite LL01 Mt. Clemens, MI 48043

Tel: 586-493-3297

Fax: 586-493-3299

The clinic will also reach-out to you

Spec Info: