

McLaren Print System Order

Order No: 63851
Order Date: 2021-07-27
User: Stacy LaForest
Phone: 810-342-2065

Ship Location: McLaren Flint 12 South
401 S. Ballenger Hwy.
Flint, MI 48532,

Forms

Quantity: 1000
Paragon Dept No: 23060
Dept Name: 12 South
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"/> EXAMINE <input type="checkbox"/> INSURE 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)	CONSULTANT NOTIFIED (if emergent requesting physician MUST verify) DATE: TIME: BY: WHOSE: DATE: TIME: BY: WHOSE: Consulted in Paragon: DATE: TIME: BY: WHOSE:
REPORT OF CONSULTATION RESULT		
APPROVE SIGNATURE AND RECOMMENDATIONS		

DATE/TIME: _____

RECOMMENDATIONS

Spec Info: Please remember to use 5 hole punch paper!!

FORM NO: _____ DATE: _____ TIME: _____

CONSULTATION REPORT

1500

Do not write along the bottom of this form.