

## **McLaren Print System Order**

Order No: 5634

Order Date: 2014-09-03 **User: Shamiah Specht** 

Ship Location: TEST

none

none, MI 48462

**Forms** 

Quantity: 1000 Paragon Dept No: 92171

Dept Name: Art

Company Number: 810

Order Total Price: 48.50

Form Number: MM-34

Form Description: IUD Insertion

Revision Date: 8/2013

Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11

Fold:

Finish: Staple (Upper Left)

Drill: 5 Hole Top

NUD INSERTION			
Dane:			
		(Work/Delt):	
Current Weight: Boo	d Pressure:	Lant	menetrual period:
HISTORY			
Pregnancy: Pregnancies	Live Births	Abortions	Mecantages
Date of Last Delivery:			
Previous abnormal pap test.	GINs or	Gifte Explain	Y
History of previous central proceds	ank GINo or	Giftes Explain	V
History of cancer (pervical):	Q No. or	Q Nes	
Smoker:	DINO OF	Q Nes	
History of Wanereal Diseases:	D No. or	Q No.	
Check boxes that pertain: @ Chia	mydia GiGon	orthea @Herp	es Offighills OHV
Serum pregnancy test:		Pap results:	
Vig outure results:			lamyda results:
Uterine sound:	On		
Pelyc-Bimanual Exam (Pre-Inserto	m):		
PLAN  1. Patient informed of risk and cor- perfocation of the utiesus, infects  2. Decourage smoking  3. Encourage monogemous relative need ILD termoved  4. Rearly physical exam  5. Patient to-theox ILD string place  6. Cell clinic if flever, pelvic pain, at	ons, heavy blee onship. If relatio ement after eac	iding and/or crain matrip changes to th menstrual cyc	nping "
Date of scheduled removal:	0000	Dawn g D III	
Education/Fish/Benefit Discussed a	and Information	Given "	
Patient Signature 0	ulo		
Whom 5	wire		
Proster's Repoter D * METAL EX PROSE COPY ON	ate/line EN TO PRODUCT		and these
Marco Arts		1.0	H-1 (MA)