McLaren Business Products

McLaren Print System Order

Order No: 6082
Order Date: 2014-09-26
User: Angela DeLaRosa
Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705

Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
3720 Katalin Ct
Bay City, MI 48706
Forms
Quantity: 500
Paragon Dept No: 60841
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 18.00

Form Number: MM-34523
Form Description: Medication List (Traditional Format)
Revision Date: 5/2010
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top

MEDICATION LIST

Name of Pharmacy: Telephone: Name of Pharmacy: Telephone:

ALLERGIES/REACTIONS (Drugs, Dyes, Latex, etc.)			ALLERGIES/REACTIONS (Drugs, Dyes, Latex, etc.)		
Date	Allergen	Reaction	Date	Allergen	Reaction

DATE	NAME OF MEDICATION/STRENGTH	FREQUENCY	REFILLS	DATE DC'D	STAFF SIGNATURE

Alternate Contact for Patient:

Telephone: ( )

MEDICATION LIST