

**McLaren Print System Order**

Order No: 6085  
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: 1000  
Paragon Dept No: 60841  
Dept Name: McLaren Medical Group  
Company Number: 810

Order Total Price: 41.00

Form Number: MM-141  
Form Description: Telephone Message (Available only in: \$95.00 per case of 1100 - Invoice will be adjusted)  
Revision Date: 3/2009  
Print: 1 sided black and white  
Paper: 2 Part (White, Yellow)  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill: None



The image shows three identical forms stacked vertically, separated by dashed lines. Each form is titled 'TELEPHONE MESSAGE' on the right side. The forms contain the following fields:

- Priority Status:  Routine  STAT
- Medication Refill:  Yes  No
- Date/Time: Physician
- Patient Name/Date of Birth:
- Caller's Name/Telephone: Pharmacy Name/Telephone:
- Concern/Problem:
- Disposition/Instructions/Orders:
- Given By: Provider's Signature: