

**McLaren Print System Order**

**Order No: 6642**  
**Order Date: 2014-10-21**  
**User: sharon singleton**  
**Phone: (810) 342-3900**

**Ship Location: McLaren Sleep Diagnostic Center**  
**3200 Beecher Road, Suite ZZZ**  
**Flint, MI 48532**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 36110**  
**Dept Name: McLaren Sleep Diagnostic Center**  
**Company Number: 60**

**Order Total Price: 0.00**

**Item Number: 17556**  
**Item Description: Encounter Form**  
**Revision Date:**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

**McLAREN FLINT SLEEP DIAGNOSTIC CENTER  
ENCOUNTER FORM**

Referral Date		Pocket Mailed	
INSURANCE:		Group #:	
Contract Number:			
SPECIAL INSTRUCTIONS: _____			
_____			
_____			
	TEST #1	TEST #2	SCHEDULING NOTATIONS
Test Ordered			
Scheduled Date			
Arrival Time			
Bedroom Used			
Technician			
Patient:			
DOB:	SS #:	Ref Phys:	
Address:		Phys Phone #:	
Home Phone:		Phys Fax #:	
All Phone #:		As. Phys:	
		As. Phys. Phone #:	
		As. Phys. Fax #:	
EPSS:	Height	Weight	AH:
Interpreting Physician: _____			

ENCOUNTER FORM  
0258

