

McLaren Print System Order

Order No: 8495
Order Date: 2015-01-26
User: Tammy Sagamang
Phone: 810-342-5800

Ship Location: McLaren Int. Med. Res. Group Practice
3230 Beecher Road Ste 2
Flint , MI 48532

Forms

Quantity: 1000
Paragon Dept No: 60030
Dept Name: McLaren Int. Med. Res. Group Practice
Company Number: 60

Order Total Price: 33.50

Item Number: M-34601
Item Description: Referral Form
Revision Date: 10/2013
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Misc Info:

McLaren Internal Medicine Faculty and Residency Program
Beecher Center 3230 Beecher Road Ste 2 Flint, MI 48532

REFERRAL FORM

Patient Name _____ DOB: _____ Phone: _____ SS # _____

Refer to _____ Address _____ Phone _____

Primary Care Physician (PCP) _____ Phone: **810.342.5800** Fax: **810.342.5811**

Appointment Date: _____ at _____ A.M. P.M.

Appointment Confirmed _____ In office _____ Phone _____ Mail _____ Cell Message _____

Pertinent History and Physical Findings: _____

My working diagnosis _____

Diagnostic Studies already undertaken and their results: _____

Therapeutic measures tried: (Describe measures tried and the patients' response) _____

Reason for Referral: _____

Please proceed with diagnostic and therapeutic measures you recommend for this condition. We request that all tests and/or surgeries be performed McLaren Flint. Please ask that results of all tests which you order be "copied" to me.

Enclose copies of Progress Note, Labs, Diagnostic Testing, etc) _____ Referring Physician Signature _____

HMO Insurance: HealthPlus BlueCare Network Genense Health Plan McLaren Health Plan
Auth # _____ #YrM Start Date _____ End Date _____

Comment: _____