

McLaren Print System Order

Order No: 8911 Reprint Previous Order No: 5522
 Order Date: 2015-02-10
 User: Torey Locsin
 Phone: 248-808-5850

Ship Location: Front Desk
 3901 Highland Rd., Suite D
 Waterford, MI 48328

Forms

Quantity: 100
 Paragon Dept No: 73650
 Dept Name: McLaren Oakland Waterford Family Med
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-3380A
 Item Description: Adult Physical Examination
 Revision Date: 1/2000
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLaren Medical Group			
ADULT PHYSICAL EXAMINATION			
Name	Age	Date of Birth	Date of Service
Chief Complaint			
BP	HT	Temp	UMP
Pulse	WT	RR/SP	Urine
REVIEW OF SYSTEMS		PHYSICAL EXAMINATION	FINDINGS
CONSTITUTIONAL SYMPTOMS (fever, weight loss, etc.)		GENERAL APPEARANCE	
EYES		EYES	
EARS, NOSE, MOUTH, THROAT		EARS/NOSE/MOUTH/THROAT	
CARDIOVASCULAR		NECK	
RESPIRATORY		RESPIRATORY	
GASTROINTESTINAL		CARDIOVASCULAR	
GENITOURINARY		CHEST (BREASTS)	
MUSCULOSKELETAL		GASTROINTESTINAL (ABDOMEN)	
SKIN AND/OR BREAST		GENITOURINARY	
NEUROLOGICAL		HEMATOLOGICAL/HEMATIC	
PSYCHIATRIC		ALLERGIC/IMMUNOLOGIC	
ENDOCRINE		LYMPHATIC	
HEMATOLOGICAL/HEMATIC		MUSCULOSKELETAL	
Signature if not completed by physician			
IMPRESSION		SKIN	
PLAN		NEUROLOGICAL	
FOLLOW UP		PSYCHIATRIC	
Physician's Signature			
Date			