

McLaren Print System Order

Order No: 42234
 Order Date: 2019-01-25
 User: amber jain
 Phone: 810-342-2279

Ship Location: McLaren Flint 7S LDRP ATTN: MARIE
 401 S. Ballenger Hwy
 Flint, MI 48532

Forms

Quantity: 100
 Paragon Dept No: 23070
 Dept Name: 7S LDRP
 Company Number: 60

Order Total Price: 12.05

Item Number: 1720
 Item Description: Physicians Record of Newborn
 Revision Date: 1/2003
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: 5 Hole Top
 Misc Info:

McLaren Print
PHYSICIAN'S RECORD OF NEWBORN

Sex: MALE FEMALE Race: BLACK WHITE OTHER

Respiratory screening date: _____
 Hearing screening date: _____
 Hepatitis B screening date: _____

INFANT'S GIVEN NAME: _____
 SEX: _____ RACE: _____
 WEIGHT: _____ LENGTH: _____ CHEST CIRCUM: _____ HEAD CIRCUM: _____ RETENING PHYSICIAN: _____

APGAR SCORES: 1 MINUTE: _____ 5 MINUTE: _____ 10 MINUTE: _____

1 CODE (ADDITIONAL FOLLOWS IF = No Abnormality) * = Abnormally describe (describe findings in detail)	ADMISSION EXAMINATION		DISCHARGE EXAMINATION	
	CODE	DESCRIPTION OF FINDINGS	CODE	DESCRIPTION OF FINDINGS
1. TERM, POST-TERM, PRE-TERM <small>(Include gestational age, weeks and days, and date of delivery)</small>				
2. GENERAL APPEARANCE <small>(Include color, hydration, and weight)</small>				
3. SKIN <small>(Include color, texture, and lesions)</small>				
4. HEAD/NECK <small>(Include fontanelles)</small>				
5. EYES <small>(Include color, reaction to light, and red reflex)</small>				
6. EARS, NOSE & THROAT <small>(Include color, size, and position)</small>				
7. THROAT <small>(Include color, size, and position)</small>				
8. LUNGS <small>(Include color, size, and position)</small>				
9. HEART <small>(Include color, size, and position)</small>				
10. ABDOMEN <small>(Include color, size, and position)</small>				
11. GENITALIA <small>(Include color, size, and position)</small>				
12. ANUS <small>(Include color, size, and position)</small>				
13. TRUNK & SPINE <small>(Include color, size, and position)</small>				
14. EXTREMITIES <small>(Include color, size, and position)</small>				
15. REFLEXES <small>(Include color, size, and position)</small>				

DISCHARGE WEIGHT: _____

Spec Info:

IMPRESSIONS AT ADMISSION	IMPRESSIONS AT DISCHARGE/DIAGNOSIS

DATE	TIME	PHYSICIAN'S SIGNATURE	DATE	TIME	PHYSICIAN'S SIGNATURE

Original - Medical Record
 Duplicate - Physician's Copy

PHYSICIAN'S RECORD OF NEWBORN
 1400-100-000