

McLaren Print System Order

Order No: 44389
 Order Date: 2019-04-10
 User: Shelbi Grant
 Phone: 2489226840

Ship Location: McLaren Clarkston- Sleep Center Suite 355 Attn: Shelbi
 5701 Bow Pointe Dr Suite 355
 Clarkston, Michigan 48346

Forms

Quantity: 500
 Paragon Dept No: 8300
 Dept Name: McLaren Sleep Center
 Company Number: 310

Order Total Price: 0.00

Item Number: MO-17556
 Item Description: Encounter Form
 Revision Date: 2/2015
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLAREN CLARKSTON
 SLEEP DIAGNOSTICS CENTER
 ENCOUNTER FORM

REFERRAL DATE		PCKET MAILED / EMAILED	
PATIENT NAME			
DOB	SSN	ORDERING PHYS:	
ADDRESS:		PHYS PHONE:	
		PHYS FAX:	
HOME PHONE		ADDRESSING PHYS:	
ALT PHONE		PHYS PHONE:	
		PHYS FAX:	
PRIMARY INS		SECONDARY INS	
MEMBER ID		MEMBER ID	
ELIGIBILITY/BENEFITS		ELIGIBILITY/BENEFITS	
TEST ORDERED	TEST #1	TEST #2	BED TIME: AM / PM WAKE TIME: AM / PM WHEELCHAIR? YES / NO HOSPITAL BED? YES / NO GARBAGE? YES / NO CHOSEN? YES / NO WAS McLAREN ONLINE SLEEP QUIZ COMPLETED? Y / N SPECIAL INSTRUCTIONS:
SCHEDULED DATE			
ARRIVAL TIME			
BEDROOM USED			
TECHNOLOGIST			
END NUMBER?			

Spec Info:

PAP USE?		MADR:			
SPR:	HEIGHT:	WEIGHT:	SEX:	AGE:	CHP VST? Y / N

ENCOUNTER FORM
 44-194-016

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 10000
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