

McLaren Print System Order

Order No: 46008 Reprint Previous Order No: 11510
Order Date: 2019-06-05
User: Daniela Dimovski
Phone: 5862262032

Ship Location: Macomb Pediatrics
16700 21 Mile Road Suite 104
Macomb, MI 48044

Forms

Quantity: 500
Paragon Dept No: 72550
Dept Name: Macomb Pediatrics
Company Number: 810

Order Total Price: 0.00

Item Number: MM-31-N
Item Description: Patient Centered Medical Home Neighborhood (PCMH-N) Patient and Physician Agreement
Revision Date: 8/2015
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill:
Misc Info:



**Patient Centered Medical Home
Neighborhood (PCMH-N)
Patient and Physician Agreement**

I have received the Patient Centered Medical Home-
Neighborhood handout describing this model of care, what I
can expect from my physicians, and what is expected of me.

My physician has discussed the details of PCMH-N with me
and has answered all of my questions.

_____ Patient Signature	_____ Date
_____ Printed Patient Name	_____ Birth Date
_____ Parent/ Guardian	_____ Date
_____ Physician Signature	_____ Date
_____ Printed Physician Name	