

McLaren Print System Order

Order No: 47170
Order Date: 2019-07-23
User: Tammy Sagamang
Phone: 810-342-5820

Ship Location: McLaren Int. Med. Res. Group Practice-Attn: Tammy
3230 Beecher Road Ste 2-Med Ed Bldg
Flint , MI 48532

Forms

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

Order Total Price: 0.00

Item Number: M-10056
Item Description: I Personally Saw & Evaluated
Revision Date: 6/2009
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold: None
Finish: None
Drill: None
Misc Info:

McLAREN INTERNAL MEDICINE FACULTY AND GROUP PRACTICE
3230 Beecher Road • Suite 2 • Flint, Michigan 48532

I personally saw and evaluated _____
I have discussed the case with the resident and have reviewed the
resident's note. I agree with the documented findings and plan of care
except for: _____

Please see resident's note for further details.
The resident was/was not present with me during my evaluation.

Teaching Physician Signature _____ Date _____

Spec Info:

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