

McLaren Print System Order

Order No: 48629
Order Date: 2019-09-13
User: Renee Pifer
Phone: 810-342-2325

Ship Location: McLaren Flint ICU / Renee Pifer
401 S. Ballenger Hwy.
Flint , Mi

Forms

Quantity: 500
Paragon Dept No: 20010
Dept Name: McLaren Flint ICU
Company Number: 60

Order Total Price: 0.00

Item Number: 17429
Item Description: Consultation Report
Revision Date: 7/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLAREN FLINT
CONSULTATION REPORT

REQUEST to be completed by requesting physician

REQUEST FOR CONSULTATION WITH _____	DATE _____	TIME _____
SUMMARY OF PRESENT FINDING _____		
REASON FOR CONSULTATION _____		
<input type="checkbox"/> RECOMMENDATION ONLY <input type="checkbox"/> CHANGE <input type="checkbox"/> NURSING CARE <input type="checkbox"/> PARTICIPATE IN AREA SPECIFIED	<input type="checkbox"/> CONSULTATION PRIORITY <input type="checkbox"/> ROUTINE (within 24 hours) <input type="checkbox"/> URGENT (immediately within 4 hours Physician to Physician not required)	<input type="checkbox"/> CONSULTANT NOTIFIED (if emergent requesting physician MUST verify) DATE _____ TIME _____ DATE _____ TIME _____ <input type="checkbox"/> Entered in Paragon DATE _____ TIME _____

REPORT OF CONSULTATION RESULT _____

APPROVE SIGNATURE AND RECOMMENDATIONS _____

DATE/TIME _____

RECOMMENDATIONS _____

Spec Info:

FORM NO: _____	DATE _____	TIME _____	<input type="checkbox"/> PRINT	<input type="checkbox"/> COPY	<input type="checkbox"/> PASTE	<input type="checkbox"/> SCAN	<input type="checkbox"/> FAX	<input type="checkbox"/> MAIL	<input type="checkbox"/> OTHER _____
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1500

CONSULTATION REPORT

Do not write along the bottom of this form.