

McLaren Print System Order

Order No: 49528
Order Date: 2019-10-17
User: Mary C. Ruhlman
Phone: (248)922-6659

Ship Location: Karmanos Cancer Institute-Clarkston
5680 Bow Pointe Dr. Suite 202
Clarkston, MI 48346

Forms

Quantity: 100
Paragon Dept No: 5389
Dept Name: Clarkston Medical Oncology
Company Number: 310

Order Total Price: 0.00

Item Number: MO-22007
Item Description: PAT for Breast Surgery
Revision Date: 6/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

MCLAREN OAKLAND
P.A.T. FOR BREAST SURGERY CONSULT-ASSESSMENT
Department of Radiology

Date: ___/___/___ Time: _____
Patient Name: _____ D.O.B.: ___/___/___
Physician Requesting: _____ Plan: _____
Exam: _____
Reading: _____

Radiologist: _____ Date: _____ Time: _____
RRT Technologist: _____ Date: _____ Time: _____

FOR DEPARTMENT USE ONLY

Please circle one
Surgery Location: ASC Hospital
Needle Localization Location: Breast Center Hospital
Localization Modality: US Mamm
Injection Location: Breast Center Hospital
Was breast MRI performed?
Most recent mammogram images (CCMs or MUG) date: _____
Where was the most recent mammogram performed? _____
All mammogram /MRI/Pathology/ biopsy reports attached?
Spec Info: _____ Surgery Time: _____ Loc Time: _____
Injection Time: _____ MR Date: _____

Spec Info:

P.A.T. FOR BREAST
SURGERY
CONSULT-ASSESSMENT
McLaren 010



01
white
04