

McLaren Print System Order

Order No: 49610
Order Date: 2019-10-21
User: Andrea Bennett
Phone: 342-3900

Ship Location: McLaren Flint Beechill Ctr
G3200 Beecher Rd
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 36110
Dept Name: Sleep Center
Company Number: 60

Order Total Price: 0.00

Item Number: 17556
Item Description: Encounter Form
Revision Date: 6/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN FLINT SLEEP DIAGNOSTIC CENTER
ENCOUNTER FORM

Referral Date:	Pocket Mailed	
INSURANCE:	Group #:	
Contract Number:		

SPECIAL INSTRUCTIONS: _____

	TEST #1	TEST #2	SCHEDULING NOTATIONS
Test Ordered			
Scheduled Date			
Arrival Time			
Bedroom Used			
Technician			

Patient:

DOB:	SS #:	Ref Phys:
Address:	Phys Phone #:	
City:	Zip:	Phys Fax #:
Home Phone:	Alt. Phys:	
Alt. Phone #:	Alt. Phys. Phone #:	
	Alt. Phys. Fax #:	

EPSS: Height: Weight: Age:

Interpreting Physician: _____

ENCOUNTER FORM



0258
