

McLaren Print System Order

Order No: 50545
Order Date: 2019-11-22
User: Rhonda Conley
Phone: 810-342-4200

Ship Location: KCI Flint Attn: Rhonda Conley
4100 Beecher Road
Flint,, MI 48532

Forms

Quantity: 500
Paragon Dept No: 63252
Dept Name: KCI Flint
Company Number: 460

Order Total Price: 0.00

Item Number: M-3695-B
Item Description: Surgical Referral Form Dr. Tolutope Oyasiji
Revision Date: 4/2018
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:



PATIENT DIAGNOSIS

PATIENT DEMOGRAPHICS Patient Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Phone Number: _____	
TESTS COMPLETED <input type="checkbox"/> Does not have any test results <input type="checkbox"/> Blood Tests <input type="checkbox"/> Radiology <input type="checkbox"/> Pathology	

REFERRING PHYSICIAN/PRACTITIONER

PHYSICIAN REFERRED TO

KARMANOS CANCER INSTITUTE FLINT APPOINTMENTS Appointment Date: _____ Appointment Time: _____ Please fax to: _____ As soon as we receive the information we will get back to you with appointment date and time.
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Spec Info: