

**McLaren Print System Order**

**Order No: 50713 Reprint Previous Order No: 6129**  
**Order Date: 2019-12-02**  
**User: shelby brandon**  
**Phone: 810-342-2362**

**Ship Location: McLaren Flint -Davison St. John Physical Therapy - Attention: Janelle Dienhart**  
**Davison St. John Family Ctr 505 N. Dayton**  
**Davison, MI 48423**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 38112**  
**Dept Name: McLaren Flint Inpatient Physical Therapy**  
**Company Number: 60**

**Order Total Price: 0.00**

**Item Number: M-17512**  
**Item Description: Physical Therapy Daily Note**  
**Revision Date: 5/2016**  
**Print: 2 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info: Printing Instructions: This form is to be printed double sided - tumbled.**

McLaren Flint  
FLINT HOSPITAL  
PHYSICAL THERAPY DAILY NOTE

<small>Date</small> ____/____/____	<small>To</small> ____	<small>From</small> ____	<small>Page Number</small> ____/____	<small>Lines</small> ____	
<small>Mr.</small> ____	<small>Ms.</small> ____	<small>Dr.</small> ____	<small>Signature/Co-Signature</small> _____		
<small>Therapist/Co-Signer</small> ____					
<small>Start/End Time</small> ____					
<small>Date</small> ____/____/____	<small>To</small> ____	<small>From</small> ____	<small>Page Number</small> ____/____	<small>Lines</small> ____	
<small>Mr.</small> ____	<small>Ms.</small> ____	<small>Dr.</small> ____	<small>Signature/Co-Signature</small> _____		
<small>Therapist/Co-Signer</small> ____					
<small>Start/End Time</small> ____					
<small>Comments</small> _____ _____					

Signature/Co-Signature \_\_\_\_\_

Signature/Co-Signature \_\_\_\_\_

Signature/Co-Signature \_\_\_\_\_

PHYSICAL THERAPY DAILY NOTE

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PHYSICAL THERAPY DAILY NOTE