

McLaren Print System Order

Order No: 50809  
Order Date: 2019-12-05  
User: Susan Hillger  
Phone: 248-866-2048

Ship Location: McLaren NRI (Susan Hillger)  
G-3239 Beecher  
Flint, MI 48532

Forms

Quantity: 500  
Paragon Dept No: 38260  
Dept Name: McLaren Flint  
Company Number: 60

Order Total Price: 32.40

Item Number: M-28043  
Item Description: THERAPY SERVICES CANCER RX PAD  
Revision Date: 1/2017  
Print: 2 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: Padded (25 Sheets Per Pad)  
Drill: None  
Misc Info:

McLaren Flint  
PELVIC DYSFUNCTION AND WOMEN'S HEALTH  
THERAPY PRESCRIPTION

Patient: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

FREQUENCY:  Daily  Three X Week  Two X Week  Other \_\_\_\_\_ DURATION: \_\_\_\_\_

Pregnant Estimated due date: \_\_\_\_\_

<p><b>Diagnosis:</b></p> <p><input type="checkbox"/> Lymphedema</p> <p><input type="checkbox"/> Post mastectomy</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Pain</p> <p><input type="checkbox"/> Back pain</p> <p><input type="checkbox"/> Sciatica</p> <p><input type="checkbox"/> Sacral pain</p> <p><input type="checkbox"/> Coccydynia</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Ligamentous laxity</p> <p><input type="checkbox"/> Muscle spasm/pain</p> <p><input type="checkbox"/> Dizziness/Ringing/weakness</p> <p><input type="checkbox"/> Myalgia or myositis, unspecified</p> <p><input type="checkbox"/> Osteoporosis</p> <p><input type="checkbox"/> Pathological Fracture</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>PEOF Evaluate and Treat:</b></p> <p><input type="checkbox"/> Exercise</p> <p><input type="checkbox"/> Neuro-muscular Re-education</p> <p><input type="checkbox"/> Manual Therapy</p> <p><input type="checkbox"/> Home Instructions</p> <p><input type="checkbox"/> Postural/Body Mechanics</p> <p><input type="checkbox"/> Massage</p> <p><input type="checkbox"/> Splinting/Bracing</p> <p><input type="checkbox"/> Scar Management</p> <p><input type="checkbox"/> Complete Decongestive Therapy</p> <p><input type="checkbox"/> Decompression Exercises</p> <p><input type="checkbox"/> Modalities/PTW</p> <p><input type="checkbox"/> Other: _____</p>
---	--

Other: \_\_\_\_\_

Notes/Precautions/Restrictions: \_\_\_\_\_

Spec Info:

Physician SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

McLaren  
Prescription  
© 2019/2017
