McLaren Business Products

McLaren Print System Order

Order No: 51731 Reprint Previous Order No: 16391
Order Date: 2020-01-16
User: deborah simpson
Phone: 5864933670

Ship Location: Gratiot Medical Building
36500 Gratiot
clinton twp, mi 48035
Forms
Quantity: 1000
Paragon Dept No: 37310
Dept Name: mt clemens womens health
Company Number: 260

Order Total Price: 0.00

Item Number: MO-315
Item Description: Macomb Patient Record Form
Revision Date: 12/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren
MACOMB
PATIENT RECORD

ALLERGIC TO:

Name: _____ Age: ____ M / F DOB _____ Date/Time: _____

Vitals: T P R BP Wt. Ht. LMP

Allergies: _____
C/C: _____
HX: _____

PX: _____

IMP: _____

Plan: _____

Patient verbalizes understanding of treatment plan ❑

Physician Signature Date/Time

EVALUATION AND MANAGEMENT PRIMARY CARE CLINICS

I reviewed the history, physical examination, diagnosis and plan with the intern/resident and concur with any amendments as necessary.
Comments:

Teaching Physician Signature Date/Time

❑ X-rays
❑ Lab In
❑ Lab Out
❑ Diagnostics
❑ PFT
❑ US
❑ EKG
❑ Injections
❑ Referral
❑ Other: