

McLaren Print System Order

Order No: 52229
Order Date: 2020-01-31
User: Judy Fago
Phone: 586-493-3610

Ship Location: Gratiot Medical Building
36500 Gratiot, Suite 102
Clinton Twp, MI 48035

Forms

Quantity: 100
Paragon Dept No: 60210
Dept Name: Multispecialty
Company Number: 260

Order Total Price: 56.45

Item Number: MO-34330
Item Description: REQUEST FOR REFERRAL
Revision Date: 1/2020
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; black; 3 part

McLaren Macomb REFERRAL/CONSULTATION REQUEST form with fields for To: Dr., Patient Name, DOB, Date of Referral, Insurance Type, Diagnosis, Reason for Referral, Request for, Office Visit Type, Appointment time preference, Signature of referring provider, Date, and Appointment time.

- PLEASE OBSERVE THE FOLLOWING GUIDELINES:
\* Please use McLaren facilities for all tests, treatments, and procedures.
\* Contact the Primary Care Physician if further visit/testing is needed before the appointment is made.
\* Use Network Formulary when prescribing medications.
\* Send consultation report and any applicable test results to Primary Care Physician within seven (7) days of service.

Spec Info: Office Use Only: Date received from Specialist, Reason patient did not keep appointment, Date patient completed Specialist evaluation

White Copy: Patient
Yellow Copy: Clerk
Pink Copy: Tracking/Info

REFERRAL/CONSULTATION REQUEST
McLaren Macomb