

McLaren Print System Order

Order No: 53433
 Order Date: 2020-03-20
 User: Judy Fago
 Phone: 586-493-3610

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

Forms

Quantity: 500
 Paragon Dept No: 60320
 Dept Name: Family First
 Company Number: 260

Order Total Price: 18.00

Item Number: MO-415-A
 Item Description: LAB TEST RESULTS - Family First
 Revision Date: 3/2020
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: 2 Hole Top
 Misc Info:

		LAB TEST RESULTS	
Family First 36500 Gratiot Clinton Twp, MI 48035 586-493-3727		Patient Name: Last, first, middle	
URINALYSIS	CLARITY <input type="checkbox"/> Clear <input type="checkbox"/> Hazy <input type="checkbox"/> Cloudy <input type="checkbox"/> Turbid	COLOR <input type="checkbox"/> Pale Yellow <input type="checkbox"/> Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Other	MULTISTIX Leukocytes _____ Nitrites _____ Urobilinogen _____ Protein _____ pH (Normal 4.5-8.5) _____ Blood _____ Specific Gravity (Normal 1.000-1.030) _____ Ketones _____ Bilirubin _____ Glucose _____ Microalbumin _____ Creatinine _____
HEMOLOGY	DIFFERENTIAL WBCs _____ RBCs _____ STROMA _____ URINELCS _____	<input type="checkbox"/> Positive _____ <input type="checkbox"/> Negative _____ <input type="checkbox"/> Positive _____ <input type="checkbox"/> Negative _____ <input type="checkbox"/> Positive _____ <input type="checkbox"/> Negative _____	Q1 NEG <input type="checkbox"/> Q2 NEG <input type="checkbox"/> Q3 NEG <input type="checkbox"/> Q4 NEG <input type="checkbox"/>
OTHER WANTED TESTS		NORMAL	
SUGARS _____ BUN _____ CREAT _____ HEMOGLOBIN _____ OSGM/BUNO _____		70-110 mg/dl 4.0-6.0% 0.60-1.30 Male 160-190 (5.0-17.0 g/dl) Female 120-160 (3.8-15.0 g/dl) Children 2-18 yrs 10.0-14.0 g/dl Microscopic	
Medical Assistant: _____ DATE: _____ Physician: _____ DATE: _____			

Spec Info: