McLaren Business Products

McLaren Print System Order

Order No: 53796 Reprint Previous Order No: 45553
Order Date: 2020-04-07
User: Michele Lubick
Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele
16700 21 Mile Rd., Suite 101
Macomb, MI 48044
Forms
Quantity: 100
Paragon Dept No: 71600
Dept Name: McLaren Macomb Family Medicine
Company Number: 810

Order Total Price: 0.00

Item Number: BNA-1018
Item Description: MEDICATION LIST
Revision Date: 3/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren

MEDICATION LIST

Patient Name ______________________ DOB ________

Medication Allergies: ______________________ Latex Allergy: Yes / No

Pharmacy: ______________________ Phone: ________

- This is a complete list of ALL medications (including OTC/herbal) that you have reported to your Provider.
- Please keep your medication list with you at all times.
- Any changes that occur as a result of this visit will be documented and an updated list will be reviewed with you.

*	MEDICATIONS	DOSE	FREQUENCY	DATES					

Medications managed by the practice were revised and a copy of the updated Medication List was provided to the patient. (Initial box of appropriate date)

This Medication List has been initiated OR updated by (Initials):

NOTE: Listed medications which are preceded by an asterisk (*) are those prescribed and managed by this practice. Relative to any other medications (those NOT prescribed and managed by this practice), accuracy of this Medications List is fully conditional upon the correct and complete patient disclosure of his/her current prescribed medications.