

**McLaren Print System Order**

Order No: 56068 Reprint Previous Order No: 32682  
 Order Date: 2020-08-13  
 User: melissa lawrukovich  
 Phone: 2486560472

Ship Location: McLaren Oakland BayBrooke  
 950 University  
 Pontiac , MI

**Forms**

Quantity: 5  
 Paragon Dept No: 26815  
 Dept Name: Lake Orion Family Medicine  
 Company Number: 810

Order Total Price: 6.25

Item Number: MO-103  
 Item Description: Patient Phone Call Sheet  
 Revision Date: 7/2015  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Misc Info: 50 sheets per; order in increments of 2

PATIENT PHONE CALL	
Message For: <input type="checkbox"/> URGENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's Name: _____	Age _____ Weight _____
Caller: _____	Home Phone _____ Work Phone _____
Pharmacy: _____	Pharmacy Phone _____
REGARDING: <input type="checkbox"/> Illness <input type="checkbox"/> Phone Follow-up <input type="checkbox"/> Rx Refill	
<input type="checkbox"/> Injury <input type="checkbox"/> Referral <input type="checkbox"/> Test Results	
<input type="checkbox"/> Medications <input type="checkbox"/> Returning Call <input type="checkbox"/> Other	
MESSAGE:	RESPONSE:
Date _____ Time _____ By _____	By _____
PROBLEM	DATE OF RESPONSE

PATIENT PHONE CALL	
Message For: <input type="checkbox"/> URGENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's Name: _____	Age _____ Weight _____
Caller: _____	Home Phone _____ Work Phone _____
Pharmacy: _____	Pharmacy Phone _____
REGARDING: <input type="checkbox"/> Illness <input type="checkbox"/> Phone Follow-up <input type="checkbox"/> Rx Refill	
<input type="checkbox"/> Injury <input type="checkbox"/> Referral <input type="checkbox"/> Test Results	
<input type="checkbox"/> Medications <input type="checkbox"/> Returning Call <input type="checkbox"/> Other	
MESSAGE:	RESPONSE:
Date _____ Time _____ By _____	By _____
PROBLEM	DATE OF RESPONSE