

McLaren Print System Order

Order No: 56323 Reprint Previous Order No: 53427
 Order Date: 2020-08-26
 User: Cherry Ebi
 Phone: 586-412-5117

Ship Location: Northgrove Attn Cherry
 44200 Garfield, Ste 164
 Clinton Twp, Mi 48038

Forms

Quantity: 500
 Paragon Dept No: 72150
 Dept Name: McLaren Macomb Northgrove Women
 Company Number: 260

Order Total Price: 0.00

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

LAB TEST RESULTS

PRACTICE: _____ PATIENT NAME: _____
 DATE OF TEST: _____

URINALYSIS	CLARITY	COLOR	MULTIESTR.
<input type="checkbox"/> Clear	<input type="checkbox"/> Pale Yellow	<input type="checkbox"/> Pale Yellow	Leukocytes _____
<input type="checkbox"/> Hazy	<input type="checkbox"/> Yellow	<input type="checkbox"/> Yellow	Nitrites _____
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Dark Yellow	<input type="checkbox"/> Dark Yellow	Urobilinogen _____
<input type="checkbox"/> Turbid	<input type="checkbox"/> Amber	<input type="checkbox"/> Amber	Protein _____
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	pH (Normal 4.5-8.5) _____
			Blood _____
			Specific Gravity (Normal 1.000-1.030) _____
			Ketones _____
			Bilirubin _____
			Glucose _____
			Microbes/Smell _____
			Crystals _____

SEROLGY	RESULTS	REFERENCE	UNIT
<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> Positive	A _____ B _____	<input type="checkbox"/> Negative (Q 140)
<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> Positive		<input type="checkbox"/> Negative (Q 140)
<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> Positive		<input type="checkbox"/> Negative (Q 140)
<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> Positive		<input type="checkbox"/> Negative (Q 140)

OTHER ORDERED TESTS	NORMAL
<input type="checkbox"/> SUGAR	70-110 mg/dl
<input type="checkbox"/> HEMOGLOBIN	4.0-5.6%
<input type="checkbox"/> HEMOGLOBIN	4.00-5.10
<input type="checkbox"/> HEMOGLOBIN	Male 13.8-17.1 g/dl
<input type="checkbox"/> HEMOGLOBIN	Female 12.0-15.0 g/dl
<input type="checkbox"/> HEMOGLOBIN	Children 2-18 yrs 11.0-14.0 g/dl
<input type="checkbox"/> HEMOGLOBIN	Microscopic

Medical Assistant: _____ DATE: _____
 Physician: _____ DATE: _____

MO-415-03