

McLaren Print System Order

Order No: 56602 Reprint Previous Order No: 8231
 Order Date: 2020-09-03
 User: Marie Schwerin
 Phone: 810-342-2279

Ship Location: McLaren Flint - LDRP 7South
 401 S. Ballenger Hwy.
 Flint, MI

Forms

Quantity: 100
 Paragon Dept No: 23070
 Dept Name: McLaren Flint - LDRP
 Company Number: 60

Order Total Price: 12.05

Item Number: 1720
 Item Description: Physicians Record of Newborn
 Revision Date: 1/2003
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: 5 Hole Top
 Misc Info:

McLaren Flint
PHYSICIAN'S RECORD OF NEWBORN

Sex: MALE FEMALE Race: BLACK WHITE OTHER
 Suction screening date: _____
 Hearing screening 1st: _____
 Hearing screening 2nd: _____
 requires 2 date

INFANT'S GIVEN NAME: _____
 SEX: _____ RACE: _____
 BIRTH DATE: _____ TIME: _____ WEIGHT: _____ LENGTH: _____ CHEST CIRCUM: _____ HEAD CIRCUM: _____ BIRTH PHYSICIAN: _____

APGAR SCORES: 1 MINUTE: _____ 5 MINUTE: _____ 10 MINUTE: _____

1 CODE (1-10) (14) IS FOLLOWING * = No Abnormality # = Abnormally describe (describe findings in detail)	ADMISSION EXAMINATION		DISCHARGE EXAMINATION	
	# CODE	DESCRIPTION OF FINDINGS	# CODE	DESCRIPTION OF FINDINGS
1. TERM, POST-TERM, PRE-TERM <small>(include gestational age, weight, length, head circumference, sex)</small>				
2. GENERAL APPEARANCE <small>(color, hydration, activity, posture)</small>				
3. SKIN <small>(color, texture, lesions)</small>				
4. HEAD/NECK <small>(fontanelles, sutures)</small>				
5. EYES <small>(color, reaction, conjunctivae, reflexes)</small>				
6. EARS, NOSE & THROAT <small>(color, shape, position)</small>				
7. THROAT <small>(color, shape, position)</small>				
8. LUNGS				
9. HEART <small>(rate, rhythm, murmur)</small>				
10. ABDOMEN <small>(color, shape, position)</small>				
11. GENITALIA <small>(color, shape, position, urethra, discharge)</small>				
12. ANUS				
13. TRUNK & SPINE <small>(color, shape, position)</small>				
14. EXTREMITIES <small>(color, shape, position, reflexes)</small>				
15. REFLEXES <small>(Biceps, Spontaneous, Moro)</small>				

DISCHARGE WEIGHT: _____

IMPRESSIONS AT ADMISSION	IMPRESSIONS AT DISCHARGE/DIAGNOSIS

DATE: _____ TIME: _____ PHYSICIAN'S SIGNATURE: _____ DATE: _____ TIME: _____ PHYSICIAN'S SIGNATURE: _____

Original - Medical Record
 Duplicate - Physician's Copy

PHYSICIAN'S RECORD OF NEWBORN
 1400-100-000

1400