

**McLaren Print System Order**

Order No: 57286  
Order Date: 2020-09-30  
User: Tammy Sagamang  
Phone: 810-342-5820

Ship Location: McLaren Int. Med. Res. Group Practice-Attn: Tammy  
3230 Beecher Road Ste 2-Med Ed Bldg  
Flint , MI 48532

**Forms**

Quantity: 1000  
Paragon Dept No: 60030  
Dept Name: McLaren Int. Med. Res. Group Practice  
Company Number: 60

Order Total Price: 0.00

Item Number: M-17791  
Item Description: Progress Note (McLaren Internal Med. Res. Grp. Practice)  
Revision Date: 9/2020  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Misc Info:

McLaren Internal Medicine Residency Group Practice  
FLINT, MICHIGAN

CHIEF COMPLAINT: \_\_\_\_\_

Age: _____	BPM: _____	Smoker: _____	Height: <input type="checkbox"/> Yes <input type="checkbox"/> No
Wt: _____	Pulse: _____	Pain level: _____	Recent tests: <input type="checkbox"/> Yes <input type="checkbox"/> No
HT: _____	Temp: _____	LMP: _____	Consults: <input type="checkbox"/> Yes <input type="checkbox"/> No
SBP: _____	Resp. Rate: _____	Glucometer: _____	Blood work: <input type="checkbox"/> Office <input type="checkbox"/> Lab
			Signatures: _____

ROS: \_\_\_\_\_

PPS: \_\_\_\_\_

MEDICATION REVIEW: \_\_\_\_\_

PHYSICAL EXAM:

General Appearance	HEENT	Neck	Lymph Nodes	Breast	Respiratory
Cardiac	Abdomen	Peric/Rectal	Musculoskeletal	Extremities	Skin
Peripheral Pulses					

ASSESSMENT: \_\_\_\_\_ PLAN: \_\_\_\_\_

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 5. \_\_\_\_\_

6. \_\_\_\_\_ 6. \_\_\_\_\_

Counseling Time \_\_\_\_\_ Return Visit \_\_\_\_\_

Physician Signature: \_\_\_\_\_

CCS: \_\_\_\_\_

PROGRESS NOTES

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42  
43  
44

**Spec Info:**