

McLaren Print System Order

Order No: 57433 Reprint Previous Order No: 56561
Order Date: 2020-10-06
User: Deb House
Phone: 989-269-8933 x4562

Ship Location: McLaren Thumb - main hospital/x-ray - attn: Deb House
1100 South Van Dyke Rd
Bad Axe, MI 48413

Forms

Quantity: 100
Paragon Dept No: 27250
Dept Name: Medical Imaging
Company Number: 530

Order Total Price: 0.00

Item Number: 020.102.10-08
Item Description: Pregnancy Questionnaire
Revision Date: 10/2008
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER

 1100 S. Van Dyke
Bad Axe, Michigan
THUMB REGION **PREGNANCY QUESTIONNAIRE**

Today's Date _____

WHEN WAS YOUR LAST MENSTRUAL PERIOD?
Date _____

ARE YOU PREGNANT? Yes _____
No _____

PATIENT'S SIGNATURE _____

PREGNANCY TEST:
Date _____ Yes _____ Positive _____
No _____ Negative _____

REFERRING PHYSICIAN NOTIFIED:
Yes _____
No _____

APPROVAL FOR EXAMINATION BY REFERRING:
Yes _____
No _____

TECHNOLOGIST'S SIGNATURE _____