

McLaren Print System Order

**Order No: 57484
Order Date: 2020-10-07
User: Tim Zurek
Phone: 9892699521**

**Ship Location: McLaren Thumb Region Emergency Room Attn: Tim
1100 S. Van Dyke Rd.
Bad Axe, MI 48731**

**Forms
Quantity: 100
Paragon Dept No: 060
Dept Name: Emergency Room
Company Number: 530**

Order Total Price: 8.76

**Item Number: 6230.138
Item Description: ER Low Back Pain / Injury
Revision Date: 07/2018
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ds; 2 pages-Tumbled; black; bond stapled in corner**

Spec Info:

McLaren Health System
1000 S. Van Dyke
Bad Axe, MI 48731 • 989-269-9521
EMERGENCY PHYSICIAN RECORD
Low Back Pain / Injury

DATE: _____ TIME: _____ ROOM: _____
HISTORY: _____
PHYSICIAN: _____

HPI
Chief Complaint: _____
History of Present Illness: _____
Past History: _____
Surgical/Procedural History: _____
Social History: _____
Family History: _____

PHYSICAL EXAMINATION
Inspection: _____
Palpation: _____
Range of Motion: _____
Neurological: _____
Vitals: _____

DIAGNOSIS
Primary: _____
Secondary: _____

PLAN
Medication: _____
Referral: _____
Follow-up: _____

DISPOSITION
Disposition: _____
Disposition Date: _____

REMARKS

PHYSICIAN SIGNATURE

NURSE SIGNATURE

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