

McLaren Print System Order

Order No: 5778  
Order Date: 2014-09-15  
User: Kortney Miller  
Phone: 517-694-2220

Ship Location: Holt Family Practice / Kortney Miller  
4378 W. Holt Rd  
Holt, Michigan 48842

Forms

Quantity: 100  
Paragon Dept No: 67350  
Dept Name: Front Office  
Company Number: 810

Order Total Price: 7.18

Form Number: MHCC-10057  
Form Description: McLaren Health Care Corporation Occurrence Report  
Revision Date: 7/1999  
Print: 2 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 14  
Fold:  
Finish:  
Drill: None

The form is titled "MCLAREN HEALTH CARE CORPORATION OCCURRENCE REPORT". It contains several sections for data entry:

- EMPLOYEE INFORMATION:** Includes fields for NAME, TITLE, DEPARTMENT, and DATE OF OCCURRENCE.
- PATIENT INFORMATION:** Includes fields for NAME, ROOM NUMBER, and DATE OF OCCURRENCE.
- TYPE OF OCCURRENCE:** A list of checkboxes for categories like "ADMITTED TO FLOOR", "FALLS", "MEDICATION", "TREATMENT / PROCEDURE", and "PROPERTY".
- DETAILS:** A large section with numerous checkboxes for specific details related to the type of occurrence, such as "WALKER TO FLOOR", "MEDICATION GIVEN", "FALLS", etc.
- LOCATION:** Fields for "LOCATION WHERE OCCURRENCE OCCURRED" and "NAME OF CHIEF OF FACILITY".