

McLaren Print System Order

Order No: 58238 Reprint Previous Order No: 16391
Order Date: 2020-11-06
User: deborah simpson
Phone: 5864933670

Ship Location: Gratiot Medical Building
36500 Gratiot ste 202
clinton twp, mi 48035

Forms

Quantity: 500
Paragon Dept No: 29010
Dept Name: family first
Company Number: 260

Order Total Price: 0.00

Item Number: MO-315
Item Description: Macomb Patient Record Form
Revision Date: 12/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren
MACOMB
PATIENT RECORD

ALLERGIC TO:

Name _____ Age _____ M / F _____ DOB _____ Date/Time _____

Vitals: T _____ P _____ R _____ BP _____ WL _____ HL _____ LBP _____ X-rays

Allergies _____
C/C _____
Hx _____ Lab In _____

 Lab Out _____
PE _____ Diagnostics _____

SPT _____ PFT _____
 US _____
 ENG _____
Plan _____ Injections _____

Patient verbalizes understanding of treatment plan Referral _____
Physician Signature _____ Date/Time _____ Other _____

EVALUATION AND MANAGEMENT PRIMARY CARE CLINICS
© 2017, 11-03-2019 and 03/2020/Revised has completed more than 30 months of testing.

I reviewed the history, physical examination, diagnosis and plan with the intern/resident and concurred with any amendments as necessary.
Comments _____

Signature Physician Signature Date/Time