

**McLaren Print System Order**

**Order No: 58239 Reprint Previous Order No: 25623**  
**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-146**  
**Item Description: POST PARTUM EXAM**  
**Revision Date: 2/2017**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info:**

**MCLAREN WOMEN'S HEALTH**  
**POST PARTUM EXAM**

DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ G.O.B. \_\_\_\_\_

DELIVERY DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ ALLERGIES \_\_\_\_\_ VAGINAL \_\_\_\_ CS \_\_\_\_

DELIVERY PHYSICIAN \_\_\_\_\_ WEIGHT \_\_\_\_ TEMP \_\_\_\_ BP \_\_\_\_

BABY'S NAME \_\_\_\_\_ BIRTH WEIGHT \_\_\_\_ LBS \_\_\_\_ OZ BREAST \_\_\_\_ BOTTLE \_\_\_\_

PROBLEMS WITH DELIVERY \_\_\_\_\_

PROBLEMS SINCE DELIVERY \_\_\_\_\_

DESIRED METHOD OF BIRTH CONTROL \_\_\_\_\_

LMP \_\_\_\_/\_\_\_\_/\_\_\_\_ NEXT PAP DUE \_\_\_\_\_ SON \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

**PHYSICIAN'S POST PARTUM NOTES**

BREAST \_\_\_\_\_ ABDOMEN \_\_\_\_\_

PERINEUM \_\_\_\_\_ VAGINA \_\_\_\_\_

CERVIX \_\_\_\_\_ UTERUS \_\_\_\_\_

ADNERA \_\_\_\_\_ RECTAL \_\_\_\_\_

ADVICE/TREATMENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present in room for exam \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient verbalizes understanding of treatment plan.

DOCTOR'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_