

McLaren Print System Order

Order No: 58791 Reprint Previous Order No: 5556
Order Date: 2020-12-02
User: Doris Adair
Phone: 810-455-0284

Ship Location: McLaren-Port Huron Urology Associates; Attn: Doris
1037 Water, Street, Suite 1
Port Huron, MI 48060

Forms

Quantity: 10
Paragon Dept No: 17805
Dept Name: MMG Port Huron
Company Number: 810

Order Total Price: 69.00

Item Number: MM-34523
Item Description: Medication List (Traditional Format)
Revision Date: 11/2012
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: packages of 100; ss, black 5 hole top punch; mylar reinforced

**McLAREN MEDICAL GROUP
 MEDICATION LIST**

Name of Pharmacy: Telephone: Name of Pharmacy: Telephone:
 1. _____ 1. _____ 3. _____ 3. _____
 2. _____ 2. _____ 4. _____ 4. _____

ALLERGIEREACTIONS (Drugs, Eyes, Latex, etc.)			ALLERGIEREACTIONS (Drugs, Eyes, Latex, etc.)		
Date	Allergen	Reaction	Date	Allergen	Reaction

DATE	NAME OF MEDICATION/STRENGTH	FREQUENCY	REFILLS	DATE DC'D	STAFF SIGNATURE

Alternate Contact for Patient:

Telephone: () _____

Print Name: _____
 Date of Birth: _____