

McLaren Print System Order

Order No: 59786
Order Date: 2021-01-21
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: 6230-186 E
Item Description: R Psychh Disorder - Suicide Attempt - Overdose
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

The form is a medical record for McLaren Thumb Region. It includes sections for: Patient Information (Name, DOB, Sex, Race, Ethnicity, Religion, Language, Marital Status, Insurance, Address, Phone, Email, Social Security Number, Date of Birth, Sex, Race, Ethnicity, Religion, Language, Marital Status, Insurance, Address, Phone, Email, Social Security Number); History of Present Illness (Chief Complaint, History of Present Illness, Past Medical History, Past Surgical History, Past Trauma History, Past Psychiatric History, Past Substance Use History, Past Medication History, Past Allergy History, Past Social History, Past Family History); Physical Examination (Vital Signs, General, Head and Neck, Eyes, Ears, Nose and Throat, Heart, Lungs, Abdomen, Genitourinary, Rectum, Extremities, Neurological, Skin); and Laboratory/Imaging (List of Substances Ingested or Administered, Laboratory/Imaging). The form also includes a section for 'Recently seen / treated by doctor / hospitalized' and a 'Family Hx' section.

Spec Info: