

McLaren Print System Order

Order No: 6466
 Order Date: 2014-10-15
 User: kimberly johnson
 Phone: 810-342-2193

Ship Location:
 McLaren-Flint P.A.T (1 North)
 Flint, MI

Forms
 Quantity: 1000
 Paragon Dept No: 30510
 Dept Name: McLaren-Flint P.A.T (1 North)
 Company Number: 60

Order Total Price: 255.50

Item Number: PACKET
 Item Description: P.A.T. Packet
 Revision Date:
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info: This packet is comprised of multiple forms specifically for the P.A.T. department

McLaren FL307
 Pre-Admission Testing Summary Sheet

NO LABS ORDERED Patient needs to stop in lab, notified Patient Arrives Today Registered

Primary Care: _____
 Cardiologist: _____

DIABETIC YES NO N/A
 DIALYSIS YES NO N/A
 HISTORY AND PHYSICAL YES NO N/A
 CONSENT ON CHART YES NO N/A
 - SIGNED YES NO N/A
 ALLERGY BAND YES NO N/A
 CA STAGING FORM ON CHART YES NO N/A

PREGNANCY TEST UMP: _____ HUMAN
 EXG ECHO CATH STRESS _____
 DOCUMENTS RECEIVED FROM CPC _____

| Lab | Order | Test | Lab | Order | Test | Lab | Order | Test |
|-----|-------|---------|-----|-------|-------------|-----|-------|-------------------|
| | | BSP | | | PT/INR | | | LABORATORY SUPPLY |
| | | BUN | | | APTT | | | PFT |
| | | HEMOF | | | TROP | | | 11 IN AN CHEST |
| | | CMP | | | UA | | | ECHO |
| | | CHLA | | | CURINE | | | AB |
| | | GLU | | | T&S | | | VEIN MAPPING |
| | | HGB/HCT | | | T&C - UNITS | | | Other |
| | | LYTES | | | 10 LEAD EKG | | | Other |
| | | MISLAC | | | 2V CHEST | | | Other |

| DATE | DESCRIPTION | OR | TAXED | ONES |
|-----------------|--------------------------------|----|-------|------|
| CONTRACT NUMBER | EXEMPT FROM OUTSIDE SOURCE | OR | TAXED | ONES |
| CONTRACT NUMBER | CHEST XRAY FROM OUTSIDE SOURCE | OR | TAXED | ONES |
| CONTRACT NUMBER | LAB FROM OUTSIDE SOURCE | OR | TAXED | ONES |
| CONTRACT NUMBER | LABORATORY FROM OUTSIDE SOURCE | OR | TAXED | ONES |
| CONTRACT NUMBER | LABORATORY FROM OUTSIDE SOURCE | OR | TAXED | ONES |
| CONTRACT NUMBER | Medical Evaluation | OR | TAXED | ONES |
| CONTRACT NUMBER | Medical Evaluation | OR | TAXED | ONES |

NO _____ Checked Chart _____
 CHART ASSIGNED BY _____ VC
 Pre-Admission Testing Summary Sheet
 6600