

McLaren Print System Order

Order No: 7732
Order Date: 2014-12-18
User: janet gee
Phone: 342-2262

Ship Location: McLaren flint IV therapy 3 north
401 S. Ballenger
Flint,

Forms
Quantity: 1000
Paragon Dept No: 36710
Dept Name: iv therapy
Company Number: 60

Order Total Price: 21.00

Item Number: M-1911
Item Description: IV Therapy Clinic Worksheet
Revision Date: 10/2012
Print: 1 sided black and white
Paper: 20# Pink Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren
IV Therapy Clinic Worksheet

Date: ____/____/____
Patient Name: _____
ID #: _____
DOB: ____/____/____
Dr: _____
Nurse: _____
Diagnosis: _____
Procedure: _____
Appointment Date/Time: ____/____/____ _____ with / per _____
Insurance Information Requested: Yes No
Signature: _____
Comments: _____
MR: _____ RN: _____ Abg/pts: _____

McLaren
IV Therapy Clinic Worksheet

Date: ____/____/____
Patient Name: _____
ID #: _____
DOB: ____/____/____
Dr: _____
Nurse: _____
Diagnosis: _____
Procedure: _____
Appointment Date/Time: ____/____/____ _____ with / per _____
Insurance Information Requested: Yes No
Signature: _____
Comments: _____
MR: _____ RN: _____ Abg/pts: _____
