

McLaren Print System Order

Order No: 8093
 Order Date: 2015-01-09
 User: sharon singleton
 Phone: (810) 342-3900

Ship Location: McLaren Sleep Diagnostic Center
 3200 Beecher Road, Suite ZZZ
 Flint, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 36110
 Dept Name: McLaren Sleep Diagnostic Center
 Company Number: 60

Order Total Price: 0.00

Item Number: 17556
 Item Description: Encounter Form
 Revision Date: 7/2014
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

MCLAREN FLINT SLEEP DIAGNOSTIC CENTER
ENCOUNTER FORM

Referral Date		Pocket Mailed	
INSURANCE:		Group #:	
Contract Number:			
SPECIAL INSTRUCTIONS: _____			

	TEST #1	TEST #2	SCHEDULING NOTATIONS
Test Ordered			
Scheduled Date			
Arrival Time			
Bedroom Used			
Technician			
Patient:			
DOB:	SS #:	Ref Phys:	
Address:		Phys Phone #:	
Home Phone:		Phys Fax #:	
As. Phys:		As. Phys:	
As. Phone #:		As. Phys. Phone #:	
		As. Phys. Fax #:	
EPSS:	Height:	Weight:	AHE:
Interpreting Physician: _____			

ENCOUNTER FORM
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