

**McLaren Print System Order**

Order No: 9066 Reprint Previous Order No: 8231  
 Order Date: 2015-02-14  
 User: Sheen Broughton  
 Phone: 810-342-2279

Ship Location: McLaren Flint-7S LDRP Attn: Sheen or Marie  
 401 S Ballenger  
 Flint, MI 48532,

**Forms**

Quantity: 100  
 Paragon Dept No: 23070  
 Dept Name: LDRP  
 Company Number: 60

Order Total Price: 11.95

Item Number: 1720  
 Item Description: Physicians Record of Newborn  
 Revision Date: 1/2003  
 Print: 1 sided black and white  
 Paper: 2 Part (White, Yellow)  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: 5 Hole Top  
 Misc Info:

McLaren Print  
**PHYSICIAN'S RECORD OF NEWBORN**

Sex:  MALE  FEMALE Race:  BLACK  WHITE  OTHER  
 Suction-screwing date: \_\_\_\_\_  
 Hearing screening:  YES  NO (specify in date) \_\_\_\_\_  
 Retesting screening:  YES  NO (specify in date) \_\_\_\_\_

INFANT'S GIVEN NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ LENGTH: \_\_\_\_\_ CHEST CIRCUM: \_\_\_\_\_ HEAD CIRCUM: \_\_\_\_\_ RETENIC PHYSICIAN: \_\_\_\_\_

APGAR SCORES: 1 MINUTE: \_\_\_\_\_ 5 MINUTE: \_\_\_\_\_ 10 MINUTE: \_\_\_\_\_

* CODE (1-14) - ICD-9-CM FOLLOWING <small>* = No Abnormality</small> <small>* = Abnormally describe</small> <small>(Abnormal findings describe)</small>	ADMISSION EXAMINATION		DISCHARGE EXAMINATION	
	* CODE	DESCRIPTION OF FINDINGS	* CODE	DESCRIPTION OF FINDINGS
1. TERM, POST-TERM, PRE-TERM <small>TERM: 37-42 weeks gestation; POST-TERM: 42-43 weeks gestation; PRE-TERM: 37 weeks gestation or less</small>				
2. GENERAL APPEARANCE <small>GENERAL APPEARANCE: 1-3 (1-3)</small>				
3. SKIN <small>SKIN: 1-3 (1-3)</small>				
4. HEAD/NECK <small>HEAD/NECK: 1-3 (1-3)</small>				
5. EYES <small>EYES: 1-3 (1-3)</small>				
6. EARS, NOSE & THROAT <small>EARS, NOSE &amp; THROAT: 1-3 (1-3)</small>				
7. THORAX <small>THORAX: 1-3 (1-3)</small>				
8. LUNGS <small>LUNGS: 1-3 (1-3)</small>				
9. HEART <small>HEART: 1-3 (1-3)</small>				
10. ABDOMEN <small>ABDOMEN: 1-3 (1-3)</small>				
11. GENITALIA <small>GENITALIA: 1-3 (1-3)</small>				
12. ANUS <small>ANUS: 1-3 (1-3)</small>				
13. TRUNK & SPINE <small>TRUNK &amp; SPINE: 1-3 (1-3)</small>				
14. EXTREMITIES <small>EXTREMITIES: 1-3 (1-3)</small>				
15. REFLEXES <small>REFLEXES: 1-3 (1-3)</small>				

DISCHARGE WEIGHT: \_\_\_\_\_

IMPRESSIONS AT ADMISSION	IMPRESSIONS AT DISCHARGE/DIAGNOSIS

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_

Original - Medical Record  
 Duplicate - Physician's Copy

PHYSICIAN'S RECORD OF NEWBORN  
 1400-100-0000

1400