

McLaren Print System Order

Order No: 73420
 Order Date: 2022-11-02
 User: Kerri Birtles
 Phone: 810-989-3192

Ship Location: Port Huron Basement Office
 1221 Pine Grove
 Port Huron, MI 48060

Forms

Quantity: 10
 Paragon Dept No: 24485
 Dept Name: Pre Admission Testing
 Company Number: 480

Order Total Price: 410.00

Item Number: 388
 Item Description: SURGICAL-CYTOLOGY FORM 4 PART
 Revision Date: 12/2014
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: 100 sets per package; SS; black; 4 PART

McLaren
 PORT HURON
 1221 Pine Grove, Port Huron, MI 48060

Surgical/Cytology Request Form

Form fields include: Patient No., Specimen Request, Requested Use, Patient Identification, Date, Time, Location, Submitting Physician, Specimen To, CLINICAL HISTORY, DIAGNOSIS, OPERATIVE, ENDOSCOPIC FINDINGS, OB/GYN CLINICAL HISTORY, PROCEDURE, SURGICAL SPECIMENS (SITE), CYTOLOGY SPECIMENS (SITE), ADDITIONAL REQUESTS ON SURGICAL/CYTOLOGY SPECIMENS ONLY, SPECIMEN SOURCE, STILLBORN/FETUS, and a signature line for the pathologist.

Spec Info: