

McLaren Print System Order

Order No: 73640
 Order Date: 2022-11-14
 User: tracey sheridan
 Phone: 9893280

Ship Location: mclaren port huron 2nd floor wismer pre-op attent tracey
 1221 pine grove
 port huron,, 48060

Forms

Quantity: 1
 Paragon Dept No: 28575
 Dept Name: post anesthesia care unit
 Company Number: 480

Order Total Price: 41.00

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 includes sections for: Patient Information, Clinical History, Procedure, Specimen Source, and Laboratory Requests. It contains various checkboxes and fields for recording patient details, clinical findings, and specific laboratory tests requested for the specimen.

Spec Info:

I, the undersigned pathologist, have confirmed the patient's identification and verbally delivered the report to the submitting clinician.

Physician Order Lab
 "POLAR" Form 998 12/14