

McLaren Print System Order

Order No: 75149
 Order Date: 2023-02-08
 User: Rebecca Kleeves
 Phone: 8199893360

Ship Location: McLaren Port Huron 2S Surgical Services office Attn: Becky Kleeves
 1221 Pine Grove Ave
 Port Huron, MI 48060-3568

Forms
 Quantity: 4
 Paragon Dept No: 28550
 Dept Name: Surgical Services
 Company Number: 480

Order Total Price: 164.00

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., Referring Physician, Specimen No., Date, Time, Site, and Patient Identification.

CLINICAL HISTORY/DIAGNOSIS/OPERATIVE/ENDOSCOPIC FINDINGS

OB/GYN CLINICAL HISTORY

PROCEDURE

ADDITIONAL REQUESTS ON SURGICAL/CYTOLOGY SPECIMENS ONLY

SPECIMEN SOURCE

STILLBORN FETUS: LESS THAN 20 WEEKS OR 400 GRAMS

LAB USE ONLY FOR INTRAOPERATIVE CONSULTATION

Barcode and footer information: Physician Order Lab, "POLAR" Form 998 12/14, Distribution: Original to Requester, Copy to Registrar, Copy to Pathologist, Copy to Billing Lab.

Spec Info: