

McLaren Print System Order

Order No: 75226
Order Date: 2023-02-13
User: colleen taraskavage
Phone: 810-658-6503

Ship Location: MMG Davison Community Medical Center
10090 E. Lippincott Blvd
Davison, Michigan 48423

Forms

Quantity: 100
Paragon Dept No: 50002
Dept Name: MMG Davison CMC
Company Number: 60

Order Total Price: 0.00

Item Number: M-2628
Item Description: Patients Sleep Database / Order
Revision Date: 4/2017
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info:

McLAREN PRINT
SLEEP DIAGNOSTIC CENTER
Telephone (810) 343-3800 Fax (810) 343-3800
PATIENT'S SLEEP DISORDER ORDER
(This form is required prior to scheduling sleep studies)

Patient's Name: _____ Date: ____/____/____
Telephone Number: _____

Please make (x) for all positive symptoms.

- History: Excessive daytime Sleepiness, Loud Snoring, Witnessed Apnea, etc.
Present Medical Problems: Congestive Heart Failure, Emphysema/COPD, Depression or Bipolar Disorder, etc.
Special Needs: Patient bringing samples for assistance, Patient uses wheelchair, etc.

- Physical Exam: Height, Weight, Blood Pressure, Heart, Lungs, Neck, etc.

Test Ordered: Sleep Study Screen and CPAP if necessary (PST if required by insurance)
Other: Specify _____

Spec Info:

Ordering Physician's Signature: _____ Date: _____
Preferred Interpreting Sleep Physician: _____ No Preferences
Please fax this form to the Sleep Lab at (810) 343-3800

PATIENT'S SLEEP DISORDER ORDER



6400

Form with fields for patient information and checkboxes.