

McLaren Print System Order

Order No: 76665
Order Date: 2023-04-12
User: KIMBERLE WISNIEWSKI
Phone: 586-412-5122

Ship Location: WOMANS HEALTH NORTHGROVE
44200 GARFILED SUITE 164
CLINTON TOWNSHIP, MI 48083

Brochures
Quantity: 3
Paragon Dept No: 56506
Dept Name: WOMANS HEALTH NORTH GROVE
Company Number: 810

Order Total Price: 15.00

Item Number: MM-421
Item Description: Prenatal Care Card
Revision Date: 4/2022
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info: 4 up, 65# White Cover, DS, 100 per package



PRENATAL CARE

Doctor _____
Patient Name _____ Age _____
GR _____ P _____ LMP _____ EDC _____ U/S _____
Serology: Blood Type _____ RH _____ Titer _____
VDRL _____ Rubella Titer _____ I* _____
HBS-AG _____ Sickle Cell _____
PAP _____ GC/CHL _____ Group B Strep _____
Medication _____

Significant Med. Hx and Physical Findings _____

Spec Info:

Pediatrician _____

**Do not eat solid food after labor begins.
Bring this card with you to the hospital.**