

## **McLaren Print System Order**

Order No: 76929 Order Date: 2023-04-27 User: Laura Love Phone: 989-894-3936

Ship Location: East Medical Mall Attn: Laura Love

1454 W. Center Road Essexville, MI 48732

Forms Quantity: 100

Paragon Dept No: 79029

**Dept Name: Community Health Services** 

**Company Number: 210** 

**Order Total Price: 18.95** 

Item Number: MHCC-634-BAY

Item Description: Blood Pressure Screening Form - BAY

Revision Date: 04/2023

Print: 1 sided black and white Paper: 3 Part (White, Yellow, Pink)

Size: 8.5 x 11 Fold: Finish: None Drill: None Poster: Misc Info:



BAY REGION

## Blood Pressure Screening

Name:			
Alleric		_Cey:	Zq:
None:	Email:		Gondor:   Male   Formal
Same and Address of Your Po	rimary Care Physician		
Name		Phone	
Allenc		City:	Z <sub>0</sub> :
Do you want McLaren Boy Re	gion to send your serv	oning routh.	to year physician?   Yes   No
			ng a follow-up examination to ocu
answered to my satisfaction. I	and understand it. Any I important facts about	questions when the personal	ich may have occurred to me he
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Screening stuff signature: