

McLaren Print System Order

Order No: 82397
Order Date: 2024-01-17
User: Marsha Parker
Phone: 810.989.3161

Ship Location: DEMASHKIEH WOMENS WELLNESS PLACE
1221 Pine Grove Avenue
Port Huron, MI 48060

Forms

Quantity: 500
Paragon Dept No: 27245
Dept Name: MPH WWP attn: Marsha
Company Number: 480

Order Total Price: 24.90

Item Number: MPH-041
Item Description: OB-GYN MEDICAL IMAGING FORM
Revision Date: 04/2023
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Padded (100 Sheets Per Pad)
Drill: None
Poster:
Misc Info:

OB-GYN MEDICAL IMAGING ORDER FORM. Patient must bring this form to the appointment in order for exams to be completed. Includes sections for Patient Name, Date/Time of Exam, Reason for Exam, Exam Requested, and Physician Signature.

Spec Info: