

McLaren Print System Order

Order No: 83677 Reprint Previous Order No: 82457
Order Date: 2024-03-08
User: Jamie Pearson
Phone: 231-487-3190

Ship Location: McLaren Northern Michigan Hematology Suite 185 Oncology/ATTN Jamie Pearson
560 W Mitchell St Suite 185
Petoskey, MICHIGAN 49781

Forms

Quantity: 500
Paragon Dept No: 53507
Dept Name: Hematology Oncology
Company Number: 410

Order Total Price: 282.25

Item Number: MNM-35
Item Description: Clinic RN Coordinator Form
Revision Date: 09/2021
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: 8.5x11 Black 3 Part

Clinic Coordinator Nursing Form Post-Visit

| | | | |
|------------------------|--|------------------------|--|
| Patient Name | | DOB | |
| Provider | | New Patient Visit Date | |
| Diagnosis Code | | Palliative/Curative | |
| Treatment Planned | | Regimen Schedule | |
| # of Cycles | | Frequency of Labs | |
| Imaging After # Cycles | | | |

Care Coordinator:

- Chemotherapy Teach Date
- Radiation Consult Date
- C-PT Date
- Tel Start

| | |
|---|-------------------------------|
| Schedule | Medical Assistant |
| <input type="checkbox"/> CT | <input type="checkbox"/> Labs |
| <input type="checkbox"/> MRI | |
| <input type="checkbox"/> Mammogram | |
| <input type="checkbox"/> PET | |
| <input type="checkbox"/> Bone Marrow Biopsy | |
| <input type="checkbox"/> Diagnostic Biopsy | |
| <input type="checkbox"/> Other | |

| | |
|--|--------------|
| Medical Records | Other |
| <input type="checkbox"/> Referral Form | |
| <input type="checkbox"/> Referral Form | |
| <input type="checkbox"/> Referral Form | |
| <input type="checkbox"/> Referral Form | |