

McLaren Print System Order

Order No: 84421 Reprint Previous Order No: 76917
 Order Date: 2024-04-09
 User: Marsha Parker
 Phone: 810.989.3161

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

Forms

Quantity: 1000
 Paragon Dept No: 27245
 Dept Name: MPH WWP attn: Marsha
 Company Number: 480

Order Total Price: 46.00

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
 Misc Info:

| Reason for Exam | | Exam Requested | |
|--|--|--|--|
| <input type="checkbox"/> 800.0 History | <input type="checkbox"/> 700.0 Screenings/Prevention (Prog. 6) | <input type="checkbox"/> 700.0 Cervicovaginitis (Prog. 6) | <input type="checkbox"/> 700.0 Progesterone - 1st visit (Prog. 6) |
| <input type="checkbox"/> 800.1 Pregnancy, 1st trimester | <input type="checkbox"/> 700.1 1st Trimester (Prog. 6) | <input type="checkbox"/> 700.1 1st Trimester (Prog. 6) | <input type="checkbox"/> 700.1 1st Trimester (Prog. 6) |
| <input type="checkbox"/> 800.2 Pregnancy, 2nd trimester | <input type="checkbox"/> 700.2 2nd Trimester (Prog. 6) | <input type="checkbox"/> 700.2 2nd Trimester (Prog. 6) | <input type="checkbox"/> 700.2 2nd Trimester (Prog. 6) |
| <input type="checkbox"/> 800.3 Pregnancy, 3rd trimester | <input type="checkbox"/> 700.3 3rd Trimester (Prog. 6) | <input type="checkbox"/> 700.3 3rd Trimester (Prog. 6) | <input type="checkbox"/> 700.3 3rd Trimester (Prog. 6) |
| <input type="checkbox"/> 800.4 Postpartum (Prog. 6) | <input type="checkbox"/> 700.4 Postpartum (Prog. 6) | <input type="checkbox"/> 700.4 Postpartum (Prog. 6) | <input type="checkbox"/> 700.4 Postpartum (Prog. 6) |
| <input type="checkbox"/> 800.5 Other (Specify) | <input type="checkbox"/> 700.5 Other (Specify) | <input type="checkbox"/> 700.5 Other (Specify) | <input type="checkbox"/> 700.5 Other (Specify) |
| <input type="checkbox"/> 800.6 Abnormal clinical history (Specify) | <input type="checkbox"/> 700.6 Abnormal Clinical History (Specify) | <input type="checkbox"/> 700.6 Abnormal Clinical History (Specify) | <input type="checkbox"/> 700.6 Abnormal Clinical History (Specify) |
| <input type="checkbox"/> 800.7 Abnormal physical exam (Specify) | <input type="checkbox"/> 700.7 Abnormal Physical Exam (Specify) | <input type="checkbox"/> 700.7 Abnormal Physical Exam (Specify) | <input type="checkbox"/> 700.7 Abnormal Physical Exam (Specify) |
| <input type="checkbox"/> 800.8 Abnormal test (Specify) | <input type="checkbox"/> 700.8 Abnormal Test (Specify) | <input type="checkbox"/> 700.8 Abnormal Test (Specify) | <input type="checkbox"/> 700.8 Abnormal Test (Specify) |
| <input type="checkbox"/> 800.9 Other (Specify) | <input type="checkbox"/> 700.9 Other (Specify) | <input type="checkbox"/> 700.9 Other (Specify) | <input type="checkbox"/> 700.9 Other (Specify) |
| <input type="checkbox"/> 800.10 Abnormal joint (Specify) | <input type="checkbox"/> 700.10 Abnormal Joint (Specify) | <input type="checkbox"/> 700.10 Abnormal Joint (Specify) | <input type="checkbox"/> 700.10 Abnormal Joint (Specify) |
| <input type="checkbox"/> 800.11 Abnormal vision (Specify) | <input type="checkbox"/> 700.11 Abnormal Vision (Specify) | <input type="checkbox"/> 700.11 Abnormal Vision (Specify) | <input type="checkbox"/> 700.11 Abnormal Vision (Specify) |
| <input type="checkbox"/> 800.12 Abnormal hearing (Specify) | <input type="checkbox"/> 700.12 Abnormal Hearing (Specify) | <input type="checkbox"/> 700.12 Abnormal Hearing (Specify) | <input type="checkbox"/> 700.12 Abnormal Hearing (Specify) |
| <input type="checkbox"/> 800.13 Abnormal smell (Specify) | <input type="checkbox"/> 700.13 Abnormal Smell (Specify) | <input type="checkbox"/> 700.13 Abnormal Smell (Specify) | <input type="checkbox"/> 700.13 Abnormal Smell (Specify) |
| <input type="checkbox"/> 800.14 Abnormal taste (Specify) | <input type="checkbox"/> 700.14 Abnormal Taste (Specify) | <input type="checkbox"/> 700.14 Abnormal Taste (Specify) | <input type="checkbox"/> 700.14 Abnormal Taste (Specify) |
| <input type="checkbox"/> 800.15 Abnormal touch (Specify) | <input type="checkbox"/> 700.15 Abnormal Touch (Specify) | <input type="checkbox"/> 700.15 Abnormal Touch (Specify) | <input type="checkbox"/> 700.15 Abnormal Touch (Specify) |
| <input type="checkbox"/> 800.16 Abnormal temperature (Specify) | <input type="checkbox"/> 700.16 Abnormal Temperature (Specify) | <input type="checkbox"/> 700.16 Abnormal Temperature (Specify) | <input type="checkbox"/> 700.16 Abnormal Temperature (Specify) |
| <input type="checkbox"/> 800.17 Abnormal pain (Specify) | <input type="checkbox"/> 700.17 Abnormal Pain (Specify) | <input type="checkbox"/> 700.17 Abnormal Pain (Specify) | <input type="checkbox"/> 700.17 Abnormal Pain (Specify) |
| <input type="checkbox"/> 800.18 Abnormal sensation (Specify) | <input type="checkbox"/> 700.18 Abnormal Sensation (Specify) | <input type="checkbox"/> 700.18 Abnormal Sensation (Specify) | <input type="checkbox"/> 700.18 Abnormal Sensation (Specify) |
| <input type="checkbox"/> 800.19 Abnormal strength (Specify) | <input type="checkbox"/> 700.19 Abnormal Strength (Specify) | <input type="checkbox"/> 700.19 Abnormal Strength (Specify) | <input type="checkbox"/> 700.19 Abnormal Strength (Specify) |
| <input type="checkbox"/> 800.20 Abnormal reflexes (Specify) | <input type="checkbox"/> 700.20 Abnormal Reflexes (Specify) | <input type="checkbox"/> 700.20 Abnormal Reflexes (Specify) | <input type="checkbox"/> 700.20 Abnormal Reflexes (Specify) |
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| <input type="checkbox"/> 800.25 Abnormal swallowing (Specify) | <input type="checkbox"/> 700.25 Abnormal Swallowing (Specify) | <input type="checkbox"/> 700.25 Abnormal Swallowing (Specify) | <input type="checkbox"/> 700.25 Abnormal Swallowing (Specify) |
| <input type="checkbox"/> 800.26 Abnormal breathing (Specify) | <input type="checkbox"/> 700.26 Abnormal Breathing (Specify) | <input type="checkbox"/> 700.26 Abnormal Breathing (Specify) | <input type="checkbox"/> 700.26 Abnormal Breathing (Specify) |
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| <input type="checkbox"/> 800.28 Abnormal skin (Specify) | <input type="checkbox"/> 700.28 Abnormal Skin (Specify) | <input type="checkbox"/> 700.28 Abnormal Skin (Specify) | <input type="checkbox"/> 700.28 Abnormal Skin (Specify) |
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| <input type="checkbox"/> 800.30 Abnormal nails (Specify) | <input type="checkbox"/> 700.30 Abnormal Nails (Specify) | <input type="checkbox"/> 700.30 Abnormal Nails (Specify) | <input type="checkbox"/> 700.30 Abnormal Nails (Specify) |
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| <input type="checkbox"/> 800.33 Abnormal throat (Specify) | <input type="checkbox"/> 700.33 Abnormal Throat (Specify) | <input type="checkbox"/> 700.33 Abnormal Throat (Specify) | <input type="checkbox"/> 700.33 Abnormal Throat (Specify) |
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| <input type="checkbox"/> 800.35 Abnormal chest (Specify) | <input type="checkbox"/> 700.35 Abnormal Chest (Specify) | <input type="checkbox"/> 700.35 Abnormal Chest (Specify) | <input type="checkbox"/> 700.35 Abnormal Chest (Specify) |
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| <input type="checkbox"/> 800.40 Abnormal axilla (Specify) | <input type="checkbox"/> 700.40 Abnormal Axilla (Specify) | <input type="checkbox"/> 700.40 Abnormal Axilla (Specify) | <input type="checkbox"/> 700.40 Abnormal Axilla (Specify) |
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| <input type="checkbox"/> 800.43 Abnormal wrist (Specify) | <input type="checkbox"/> 700.43 Abnormal Wrist (Specify) | <input type="checkbox"/> 700.43 Abnormal Wrist (Specify) | <input type="checkbox"/> 700.43 Abnormal Wrist (Specify) |
| <input type="checkbox"/> 800.44 Abnormal forearm (Specify) | <input type="checkbox"/> 700.44 Abnormal Forearm (Specify) | <input type="checkbox"/> 700.44 Abnormal Forearm (Specify) | <input type="checkbox"/> 700.44 Abnormal Forearm (Specify) |
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| <input type="checkbox"/> 800.49 Abnormal head (Specify) | <input type="checkbox"/> 700.49 Abnormal Head (Specify) | <input type="checkbox"/> 700.49 Abnormal Head (Specify) | <input type="checkbox"/> 700.49 Abnormal Head (Specify) |
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| <input type="checkbox"/> 800.95 Abnormal throat (Specify) | <input type="checkbox"/> 700.95 Abnormal Throat (Specify) | <input type="checkbox"/> 700.95 Abnormal Throat (Specify) | <input type="checkbox"/> 700.95 Abnormal Throat (Specify) |
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