

## McLaren Print System Order

Order No: 85120  
 Order Date: 2024-05-01  
 User: Pamela Sweeney  
 Phone: 989-269-9521 4250

Ship Location: McLaren Thumb Region  
 1100 S Van Dyk Road  
 Bad AXe, MI 48413

### Forms

Quantity: 100  
 Paragon Dept No: TH30670  
 Dept Name: OB  
 Company Number: 530

Order Total Price: 4.48

Item Number: 050.OR.130  
 Item Description: Ambulatory-I & O - Surgical Recovery Room Charges, Misc Supplies  
 Revision Date: 06/2018  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Poster:  
 Misc Info: ds; black & White; Bond

McLaren Thumb Region  
 AMBULATORY/I & O-SURGICAL  
 RECOVERY ROOM CHARGES  
 MISCELLANEOUS SUPPLIES

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		ROOM TIME	SURGERY TIME
		IN _____	BEGAN _____
		OUT _____	ENDED _____
		DATE _____	ANES. _____
		SURGEON _____	
		PRE-OP _____	
		POST-OP _____	
		PROCEDURE _____	
		PERSONNEL _____ OR RNAP _____	
		Ambulatory Surgery     0300038	
		First 1/2 hr in OR     0300035	
		Document # of 1/2 hr increments after first 1/2 hr     31118-3	
		First 1/2 hr in Rec. Rm     0300277	
		Document # of 1/4 hr increments after first 1/2 hr     31116-7	
		First 1/2 hr in Exam Rm     300053	
		Document # of 1/2 hr increments after first 1/2 hr     31117-5	
		Laser     1400019 Unodynamics     321232 Ultra Flow measurement	
		Check w/ Materials Management for additional charges	
CO2 (ENT) _____ 303448		506542 Blades x _____	506535 Povidone x _____
Hoium (Stone) _____ 304291		300871 Suture x _____	303677 Croftage Wire x _____
Naviga XTP (PVP) _____ 326062		506980 Ortho Staple x _____	303685 K-Wire x _____
Issue: _____	Sponges: _____	506923 Stockinette x _____ ft.	301564 JCR Office Lens x _____
Normal: _____	Instruments: _____	506915 DCL Spine 12" x _____	303370 HRAC Consignment Lens x _____
Wound: _____	Needles: _____	506907 Plaster Spine 12 thickness x _____	
Other: _____	Drains/Packs: _____	506816 Cast Padding for Plaster Rolls x _____	
Post-Op Condition: _____	Delivery: _____	506808 Cast Padding for Fiberglass Rolls x _____	

Spec Info: