

McLaren Print System Order

Order No: 85161
 Order Date: 2024-05-02
 Order Request Date:
 User: Rebecca Kleeves
 Phone: 8199893360

Ship Location: McLaren Port Huron 2S Surgical Services office Attn: Becky Kleeves
 1221 Pine Grove Ave
 Port Huron, MI 48060-3568

Brochures
 Quantity: 4
 Paragon Dept No: 28550
 Dept Name: Surgical Services
 Company Number:

Order Total Price: 164.00

Item Number: 388
 Item Description: SURGICAL-CYTOLOGY FORM 4 PART
 Revision Date: 12/2014
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: 100 sets per package; SS; black; 4 PART

The form is a detailed request form for surgical and cytology services. It includes sections for patient information, clinical history, procedure details, and specimen collection. Key sections include:

- McLaren PORT HURON** (1221 Pine Grove, Port Huron, MI 48060)
- Surgeon/Cytologist Request Form** (Includes checkboxes for Gross Collection, Tissue, Smears, and Cytology Specimens)
- CLINICAL HISTORY/DIAGNOSIS/OPERATIVE/ENDOSCOPIC FINDINGS** (Text area for clinical details)
- OB/GYN'S CLINICAL HISTORY** (Includes checkboxes for GYN, PAP, ABNORMAL BLEEDING, etc.)
- PROCEDURE** (Text area for procedure description)
- KNOWNS MALIGANCY** (YES/NO checkboxes)
- SURGICAL SPECIMENS (SITE)** (List of specimen sites 1-10)
- CYTOLOGY SPECIMENS (SITE)** (List of cytology specimen sites 1-10)
- ADDITIONAL REQUESTS ON SURGICALLY/TOILET SPECIMENS ONLY** (Includes checkboxes for Cell Count, Amylase, etc.)
- SPECIMEN SOURCE** (Includes checkboxes for Aerobic Culture, Gram Stain, etc.)
- STILLBORN FETUS** (Section for stillborn fetuses)
- LAB USE ONLY FOR INTRAOPERATIVE CONSULTATION** (Section for lab use)
- Signature and Date** (Fields for Physician/Pathologist Signature and Date/Time)

Spec Info: