

McLaren Print System Order

Order No: 85916
 Order Date: 2024-06-03
 User: Kim Chaltry
 Phone: 8109893164

Ship Location: McLaren Port Huron Hospital Radiology Department
 1221 Pine Grove Ave.
 Port Huron, Michigan 48060

Form
 Quantity: 1
 Paragon Dept No: 27250
 Dept Name: Medical Imaging
 Company Number:

Order Total Price: 41.00

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 titled 'McLaren PORT HURON' and includes the address '1221 Pine Grove, Port Huron, MI 48060'. It is a 'Surgical/Cytology Request Form' with various sections for patient information, clinical history, procedure details, and specimen requests. Key sections include:

- Patient Information:** Name, Address, City, State, Zip, Telephone, Fax, and Patient Identification.
- Clinical History:** Diagnosis, Operative Findings, and GYN Clinical History (e.g., Menstrual History, Pregnancy History).
- Procedure:** Description of the procedure and whether it is a surgical specimen.
- Specimen Requests:** Sections for Surgical Specimens (e.g., Biopsy, Curettage), Cytology Specimens (e.g., Pap Smear, Sputum), and Additional Requests (e.g., Cell Count, Culture).
- Specimen Source:** Options for culture types (Aerobic, Anaerobic, Gram Stain, etc.).
- Stillborn Fetus:** Section for fetuses less than 20 weeks or 400 grams.
- Directions:** Instructions for specimen handling and submission.

Spec Info: Please deliver to Sally Prince for radiology nurses