

McLaren Print System Order

Order No: 86838
Order Date: 2024-07-10
User: Deb House
Phone: 989-269-1557

Ship Location: McLaren Thumb - Attn Deb House, Imaging
1100 S VAN DYKE RD
BAD AXE, MI 48413

Forms
Quantity: 100
Paragon Dept No: 27250
Dept Name: MEDICAL IMAGING
Company Number: 530

Order Total Price: 3.35

Item Number: 020.102.10-08
Item Description: Pregnancy Questionnaire
Revision Date: 10/2008
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: SS; BLACK; BOND PAPER



McLaren 1100 S. Van Dyke
Thumb Region Bad Axe, Michigan
PREGNANCY QUESTIONNAIRE

Today's Date _____

WHEN WAS YOUR LAST MENSTRUAL PERIOD?
Date _____

ARE YOU PREGNANT? Yes _____
No _____

PATIENT'S SIGNATURE _____

PREGNANCY TEST:
Date _____ Yes _____ Positive _____
No _____ Negative _____

REFERRING PHYSICIAN NOTIFIED:
Yes _____
No _____

APPROVAL FOR EXAMINATION BY REFERRING:
Yes _____
No _____

TECHNOLOGIST'S SIGNATURE _____

SS-102-10-08

Spec Info: