

**McLaren Print System Order**

**Order No: 86861**  
**Order Date: 2024-07-11**  
**User: Wendy Tabor**  
**Phone: 5179753275**

**Ship Location: McLaren Greater Lansing- Endoscopy**  
**3520 Forest Rd**  
**Lansing, MI 48910**

**Form**  
**Quantity: 1000**  
**Paragon Dept No: 22400**  
**Dept Name: Endoscopy**  
**Company Number:**

**Order Total Price: 31.00**

**Item Number: MGL-053 (646-21)**  
**Item Description: ENDO DISCHARGE INSTRUCTION PATIENT SIGNATURE Form**  
**Revision Date: 04/2024**  
**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**



**Endoscopy Department**

Acknowledgment of Receipt of Discharge Instructions

I have received and understand the Endoscopy Department Discharge Instructions for the following procedure(s).

- Colonoscopy
- EGD
- Sigmoidoscopy
- Bronchoscopy
- Other: \_\_\_\_\_

\_\_\_\_\_  
Patient / Family / Responsible Adult Signature      Date / Time

**Spec Info:**

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Nurse Signature      Date / Time

