

McLaren Print System Order

Order No: 87498
 Order Date: 2024-08-08
 Order Request Date:
 User: Graphics Dept
 Phone:

Ship Location: McLaren Greater Lansing
 2900 Collins Rd
 Lansing, MI

Brochures
 Quantity: 500
 Paragon Dept No: 10000
 Dept Name: Endoscopy
 Company Number:

Order Total Price: 16.75

Item Number: MGL-058 (646-01)
 Item Description: GI DIAGRAM 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: 8.5x11 Black SS



PRE-SEDATION ASSESSMENT	
Pre-Procedure Diagnosis	Comorbid Conditions (SA, COPD, OVA, CAD)
Mental Status	_____ Physician's Signature
Weight	DATE/TIME: _____
MUCOSAL	For IV Moderate (Conscious) Sedation Patients only:
Heart	Physician Plan for Cons. Sedation: Mild Moderate Deep
Lungs	Risk Assessment Complete: ___ YES ___ NO
Abdominal exam	RSA Assessment: I II III IV V VI
Other Patient Information	<input type="checkbox"/> Risks, benefits, alternatives explained, questions answered.
	<input type="checkbox"/> Patient/family accepted plan for Conscious Sedation
	<input type="checkbox"/> Patient re-evaluated immediately prior to sedation.
POST PROCEDURE FINDINGS	
FINDINGS	
COMMENTS	
INDOUBT:	_____
WETTER:	_____
DATE: _____	PHYSICIAN SIGNATURE: _____ M.D.

Spec Info:

G.I. DIAGRAM



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