

## **McLaren Print System Order**

Order No: 88096 Order Date: 2024-09-12 Order Request Date: User: Sarah Sturock Phone: 5179753720

**Ship Location: Grand Ledge Family Practice** 

935 Charlevoix Dr., Suite 200

Grand Ledge, MI 48837

Brochures Quantity: 2

Paragon Dept No: 51062

**Dept Name: Mclaren Medical Group** 

**Company Number:** 

**Order Total Price: 26.00** 

Item Number: 24MMG042

Item Description: HAND HYGIENE SURVEY Card

Revision Date: 05/2024

Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:

Misc Info: 100/Pkg, SS 4.25x5.5 100# Satin Cover

## PLEASE TAKE A MOMENT TO COMPLETE OUR HAND HYGIENE COMPLIANCE SURVEY TO HELP US KEEP YOU SAFE

	<b>™</b> McLaren	34MWG042
Dat	te of Service:/ _/_ Patient Initials: Staff Initials:	_
Thank you for taking the time to complete our survey!		
	Physician Assistant Other:	
	☐ Medical Assistant ☐ RN ☐ Physician ☐ Nurse Practition	or
2.	Which staff member(s) did you observe?	
	☐ Before ☐ After ☐ Both (Before & After)	
1.	While in the room, did you observe staff clean their hands (soap and water alcohol-based hand sanitizer) either before or after their encounter with you	

Spec Info: