

McLaren Print System Order

Order No: 88168
Order Date: 2024-09-13
User: Connie Seger
Phone: 231-487-5405

Ship Location: McLaren Internal Medicine
560 W Mitchell St Ste 300
Petoskey, MI 49770

Form
Quantity: 100
Paragon Dept No: 50698
Dept Name: McLaren Internal Medicine
Company Number:

Order Total Price: 160.00

Item Number: MM-150-PA
Item Description: Pharmaceutical Assistance Medication Prescription MMG PROVIDER OFFICE
Revision Date: 10/2021
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info: 3 Part (White, Yellow, Pink); Padded in 25 sets per pad; 2 hole drill at to
p; Quantity must be ordered in increments of 4.

Pharmaceutical Assistance Medication Prescription
MMG PROVIDER OFFICE

Provider: _____

Date: ____/____/____ Patient Name/DOB: _____

Drug/Dose: _____ Qty. Disp: _____

Lot #: _____ Exp. Date: ____/____/____

Balance: _____

Directions: _____

Side Effects Discussed: Yes No No Refills

Provider Signature: _____

WHITE - patient CANARY - sample log PINK - patient chart

Pharmaceutical Assistance Medication Prescription
MMG PROVIDER OFFICE

Provider: _____

Date: ____/____/____ Patient Name/DOB: _____

Drug/Dose: _____ Qty. Disp: _____

Lot #: _____ Exp. Date: ____/____/____

Balance: _____

Directions: _____

Side Effects Discussed: Yes No No Refills

Provider Signature: _____

WHITE - patient CANARY - sample log PINK - patient chart

Pharmaceutical Assistance Medication Prescription
MMG PROVIDER OFFICE

Provider: _____

Date: ____/____/____ Patient Name/DOB: _____

Drug/Dose: _____ Qty. Disp: _____

Lot #: _____ Exp. Date: ____/____/____

Balance: _____

Directions: _____

Side Effects Discussed: Yes No No Refills

Provider Signature: _____

WHITE - patient CANARY - sample log PINK - patient chart

Pharmaceutical Assistance Medication Prescription
MMG PROVIDER OFFICE

Provider: _____

Date: ____/____/____ Patient Name/DOB: _____

Drug/Dose: _____ Qty. Disp: _____

Lot #: _____ Exp. Date: ____/____/____

Balance: _____

Directions: _____

Side Effects Discussed: Yes No No Refills

Provider Signature: _____

WHITE - patient CANARY - sample log PINK - patient chart

Spec Info: