

McLaren Print System Order

Order No: 88175
Order Date: 2024-09-16
Order Request Date:
User: Deanna Sisman
Phone: 586 421 4204

Ship Location: **MAC Ortho Trauma**
1030 Harrington Suite 303
Mt Clemens, MI 48043

Brochures
Quantity: 500
Paragon Dept No: 72250
Dept Name: McLaren Macomb General and Vascular Surgery
Company Number:

Order Total Price: 98.00

Item Number: MM-10335
Item Description: Patient Health Wallet Card
Revision Date: 7/2016
Print: 2 sided full color
Paper: 65# White Cover
Size: 8.5 x 11
Fold: None
Finish: None
Drill:
Poster:
Misc Info: Finish size: 4 x 10 inches; this card has 2 scores; order the amount of cards you would like to receive.

McLaren MEDICAL GROUP
Patient Health Wallet Card

Name: _____
DOB: _____
Address: _____

Emergency Contact:
Emergency Contact Phone #: (____) _____

Provider(s) - Please list below:
Phone: (____) _____
Phone: (____) _____
Phone: (____) _____

Pharmacy Phone #: (____) _____

Allergies & Reactions:
 Latex Contrast Media (Iodine or IVP dye)
 Medications (include reactions)

 Food (include reactions)

Medications <small>(include eye drops, inhaler, creams, patches, vitamins, herbs and over the counter medications)</small>	Dose	How often is it taken? <small>(every day, as needed)</small>

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Spec Info: