

## McLaren Print System Order

Order No: 88601  
 Order Date: 2024-10-01  
 User: Jennifer Dixon  
 Phone: 810.342.2138

Ship Location: Jeni Dixon/Imaging Center  
 501 S Ballenger Hwy, Suite B  
 Flint, MI 48532

Forms  
 Quantity: 50  
 Paragon Dept No: 32011  
 Dept Name: McLaren Imaging Center  
 Company Number: 60

Order Total Price: 655.00

Item Number: M-22016-B  
 Item Description: Imaging Center Order Form  
 Revision Date: 7/2021  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Poster:  
 Misc Info: ds; full color; 50 Sheets per pad. Please order how many pads you would like. BW

McLaren		OUTPATIENT RADIOLOGY ORDER FORM		Appointment Date _____																																			
FLINT				Appointment Time _____																																			
ORDERING PROVIDER (PRINT NAME) _____ OFFICE CONTACT _____ ORDERING PROVIDER (PRINT NAME) _____ OFFICE CONTACT _____																																							
Patient Name _____ DOB _____ Height _____ Weight _____ RECENT PHONE _____ INSURANCE _____ PRI AUTHORIZATION NUMBER _____ DIAGNOSIS/REASON FOR EXAM (PLEASE INCLUDE LATERALITY, SPECIFIC SITE) _____ ORDERING PROVIDER (PRINT NAME) _____ OFFICE CONTACT _____																																							
McLaren Imaging Center • Ph: 810.342.4800 Fax: 810.342.4830 McLaren MRI Ballenger Hwy • Ph: 810.225.3071 Fax: 810.225.3076 McLaren Flinton Imaging Services • Ph: 810.426.2000 Fax: 810.426.2040																																							
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Contract will be added as necessary to optimize the diagnostic capability of the exam. Additional studies will be performed as medically necessary to optimize the diagnostic capability of the study that is being performed (e.g., a scope for an abnormal found exam). Signing this form indicates your agreement of the above.																																							

Spec Info: