

McLaren Print System Order

Order No: 89351 Order Date: 2024-10-29 User: tracey sheridan Phone: 9893280

Ship Location: mclaren port huron 2nd floor wismer pre-op attent tracey 1221 pine grove port huron, 48060

Forms Quantity: 2 Paragon Dept No: 28575 Dept Name: post anesthesia care unit Company Number: 480

Order Total Price: 82.00

Item Number: 388 Item Description: SURGICAL-CYTOLOGY FORM 4 PART Revision Date: 12/2014 Print: Paper: Size: Fold: Finish: Drill: Poster: Misc Info: 100 sets per package; SS; black; 4 PART

PORT HURDA 221 Pres Grove, Port Hurdon	4		Patent identification
Burgical Catology Request /	10.00		
las (olered	True Innue		aring Photoan
Centreme		04	page To
OLINECAL HISTORY DAGNO	SIS-OPERATIVE-ENDOSCOP		OB/GYN CLINICAL HISTORY
			0.044
			CHER NOL HTV
			1.40000 1.4000
			CARCERN RECENC
			O ROP CHORAGE THE THE
			Constantion
			ONE DRIENING OFFICE
ANOCEDURE			CARDIEN
OVORIN MALIGNARCY C. N	CYTOLOGY SPECIMENS (SITE)		C (Max
standard precision (see)			TON REPORT TO THE PERMITS ON
	C 89,649.05	THE MOLE IN NOLA IFTER	
	019/	C OBLL COUNT	A AMMETER APART / NOV APARTS
	0/94		a construction of the second
	00NM	CHIMAN	SPECIMEN BOURCE
	CHAPONOLPOUR		CAERCERC-CLATURE - GRIMM STR
	CANN	O OHOLESTEROL	ALFORIG MARRORIC CULTURE
	CININ	C GLUCORE	-GRAM STARY
	CUM	CAR	TE OUCURE + ARE SMOAN
	C WASHINGS	C PROTEIN	C FUNGAL OUTUPE
	CIMENCOVERS STAN	0.05468	C VINUE, COMPREHENSIVE
			OKTECTION
Contraction of the local division of the loc	0.09468		100948
DISECTOWACTOR	ION ONLY UNLISS BOX BELOW I	DHECKED HIND DRIVED	
	Paperse Note Speke		Date: Time
AB USE ONLY FOR INTRA	OPERATIVE CONSULTATION	N.	
ec Info:			
	have confirmed the patient's id	lentification and verbal	ly delivered the report to the submitte
dinician.			
		Signature of Nativingiel	Date / Time