

McLaren Print System Order

Order No: 89369
Order Date: 2024-10-30
Order Request Date:
User: Casey Coleman
Phone: 5862864880

Ship Location: MACOMB WOMENS HEALTH
37400 GARFIELD RD SUITE 200
CLINTON TOWNSHIP, MI 48036

Brochures
Quantity: 2500
Paragon Dept No: 52053
Dept Name: WHA CLINTON
Company Number:

Order Total Price: 100.50

Item Number: MM-140
Item Description: OB/GYN Questionnaire
Revision Date: 10/2019
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Poster:
Misc Info:

McLAREN MEDICAL GROUP
OB/GYN QUESTIONNAIRE
DATE: LEGAL NAME: MARRIED NAME:
SEXUAL PREFERENCE: Male Female Both
PERIODS: Age started: Age stopped:
BIRTH CONTROL: Last Mammogram: Last Pap:
GENERAL:
ENTOURNAIN:
EYES:
EARS, NOSE, THROAT, MOUTH:
RESPIRATORY:
CARDIOVASCULAR:
GASTROINTESTINAL:
MUSCULOSKELETAL:
PSYCHIATRY:
ENDOCRINE:
HEMATOLOGIC/URINARY:
ALLERGIC/IMMUNOLOGIC:
REPRODUCTIVE HEALTH:
OFFICE USE ONLY:
Special Learning Needs:
Language Preference for Healthcare:
Provider's Signature: Date/Time:

Spec Info: