

McLaren Print System Order

Order No: 90981
 Order Date: 2024-12-19
 User: Marcy Harvey
 Phone: 517-975-6653

Ship Location: McLaren Greater Lansing ATTN: Pulmonary Diagnostics
 2900 Collins Rd. Room 2-413
 Lansing MI,48910

Brochures
 Quantity: 500
 Paragon Dept No: 27120
 Dept Name: Respiratory
 Company Number: LAN10

Order Total Price:

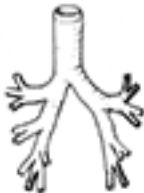
Item Number: MGL-119 (731-03)
 Item Description: PULMONARY ENDOSCOPY
 Revision Date: 09/2024
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info:



PULMONARY ENDOSCOPY

<input type="checkbox"/> INPATIENT	<input type="checkbox"/> OUTPATIENT	WT (kg) _____	REFERRING PHYSICIAN(S) _____
Date of Procedure: _____		PROCEDURE	
Procedure Performed: _____		<input checked="" type="checkbox"/> Bronchoscopy through Tracheostomy	731-15
Pre-OP Diagnosis: _____		<input type="checkbox"/> Diagnostic Bronchoscopy w/ or w/o Biopsy	731-17
Surgeon: _____		<input type="checkbox"/> Diagnostic Bronchoscopy + Biopsy	731-18
ESU: (note unless otherwise noted) _____		<input type="checkbox"/> Diagnostic with Bronchial Brush or Forceps	731-19
Fluids: _____		<input type="checkbox"/> Bronchoscopy with Endobronchial Biopsy or Muc. Cells	731-20
Assistants: _____		<input type="checkbox"/> Transbronchial Lung Biopsy single site	731-21
		<input type="checkbox"/> Transbronchial Lung Biopsy each side site	731-22
		<input type="checkbox"/> Transbronchial Needle Aspiration single site	731-23
		<input type="checkbox"/> Transbronchial Needle Aspiration each side site	731-24
		<input type="checkbox"/> Tracheal/Endotracheal Intubation or reduction of Intubation	731-25
		<input type="checkbox"/> Revision of Endotracheal Tube	731-26
		<input type="checkbox"/> Bronchoscopy with Excision of Tumor	731-27
		<input type="checkbox"/> Bronchoscopy with Laser if Tumor/Obstruction	731-28
		<input type="checkbox"/> Bronchoscopy with Placement of Coblation Vaporization Apparatus	731-29
		<input type="checkbox"/> Bronchoscopy with Removal of Foreign Body	731-30
		<input type="checkbox"/> Therapeutic Bronchoscopy Initial	731-31
		<input type="checkbox"/> Therapeutic Bronchoscopy Subsequent	731-32
		<input type="checkbox"/> Bronchoscopy with Cold Laser in conjunction with laser with balloon or cryotherapy	731-33
		<input type="checkbox"/> Bronchoscopy with Laser for non-obstructive cancer of bronchus, oral cavity, or larynx	731-34
		<input type="checkbox"/> Bronchoscopy with Cold Laser for non-obstructive cancer of bronchus, oral cavity, or larynx	731-35
		<input type="checkbox"/> Bronchoscopy with Cold Laser for non-obstructive cancer of bronchus, oral cavity, or larynx	731-36
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		<input type="checkbox"/> Bronchoscopy with Cold Laser for non-obstructive cancer of bronchus, oral cavity, or larynx	731-99
		<input type="checkbox"/> Bronchoscopy with Cold Laser for non-obstructive cancer of bronchus, oral cavity, or larynx	731-100
COMPLICATIONS: _____		POST-OP DIAGNOSIS & FINDINGS	
COMMENTS: _____		1. _____	
SPECIMENS (note unless otherwise noted): _____		2. _____	
DOCUMENTATION: _____		3. _____	
SIGNED: _____ DATE: _____ TIME: _____		4. _____	

Spec Info:



PULMONARY ENDOSCOPY

WHS - Medical Record
 Canary - Respiratory
 Pils - Physician
 517-975-6653

