



# Requisition List Template

Req. No: MHC PHYSICIAN FM REQ      Req. Cost Center Name: PHYSICIAN SERVICES  
 Req. Date: 04/12/2024      Req. Cost Center No: 3003  
 Deliver To: MMC LAB PDSS CART

Header Notes: FAX ORDERS TO 231-935-8260 FOR QUESTIONS CALL 231-935-8228  
 PLEASE INCLUDE THE FOLLOWING INFORMATION  
 PHYSICIAN OR PRACTICE NAME \_\_\_\_\_  
 ADDRESS & PHONE NUMBER \_\_\_\_\_  
 NAME OF PERSON ORDERING \_\_\_\_\_

Item No	Quantity	Par UM	Item Description	Vendor Catalog	Mfg. Catalog
10731	_____	0 PK	FORM 0814 CYTOLOGY OP REQ	0814	0814
11419	_____	0 PK	FORM 1742 ADVANCED MEDICAL DIRECTIVE AND TREATMENT PREFERENCES	1742	1742
11874	_____	0 PK	FORM 0975 OP LAB REQ	0975	0975
13792	_____	0 PK	FORM 2229 MHC FIND A DOCTOR RACK CARD	2229	2229
14038	_____	0 PK	FORM 2327 KNOW YOUR MEDICATION	2327	2327
14300	_____	0 PK	FORM 2501 RECEIPT OF LABOR ANALG EDUCATION	2501	2501
14311	_____	0 PK	FORM 0178 PROGRESS RECORD	178	0178
15988	_____	0 PK	FORM 3116 HEALTHY FUTURE ENROLLMENT BROCHURE	3116	3116
16028	_____	0 PK	FORM 3157 CONSENT FOR TRANSFUS	3157	3157
16797	_____	0 PD	FORM 3236 RADIOLOGY TEST REG	3236	3236
18369	_____	0 PK	FORM 0303 MHC PROCEDURAL-SURGICAL CONSENT	303	0303
21935	_____	0 PK	FORM 4784 HEALTH HIST PHYS	4784	4784
22074	_____	0 PK	FORM 4941 MRI PT INFO	4941	4941
25046	_____	0 PD	FORM 6745 PULMONARY FUNCTION PHYSICIAN PRESCRIPTION	6745	6745
25985	_____	0 PK	FORM 0545 SHORT STAY PROC HIS/PHYSICAL	545	0545
30708	_____	0 PK	FORM 1495 SURGERY HANDBOOK	1495	1495
31232	_____	0 PK	FORM 0764 PDSS LAB REQ	764	0764
34033	_____	0 PK	FORM 8311 PT PRE OP SHOWER INS	8311	8311
52575	_____	0 PK	FORM 10321 MHC LAB WALLET CARD	10321	10321
71320	_____	0 PK	FORM 12013 RAD SCHEDULING APPT CARD	12013	12013
88012	_____	0 PK	FORM 12722 MHC FAIR MARKET HEALTH BROCHURE	12722	12722