Laramie County School District #1 April 24 2018 3000 Health Record Card Form 90388 **8525**
1jn8317 5-19-2017 3,000 c138600+f500 s163273+f500 Modern I= 24318 7-19-2017 LCSD1 PO# P021962 EXEMPT

TR 8768
8-20-2019

FOR USE BY CHRISTIE PRINTING
Complete: 6-20-2018
Billed: 6-7-2018
Entered: 6-7-2018
Delivered: 6-7-208 # 579043
Received: 6-6-2018

Christie Printing Service
P.O. Box 3057 | Cheyenne, WY 82003-3057
Phone: 630.464.9391 | email : CPrint@ChristiePrinting.com

Purchase Order No. 8525

TO: Modern Printing
ATTN: **Brian**
P.O. Box 1185
Laramie, WY 82070

INVOICE TO:
Christie Printing Service
5711 Osage Ave., Suite C
Cheyenne, WY 82009

SHIP TO:
Christie Printing Service
5711 Osage Ave., Suite C
Cheyenne, WY 82009

ORDER DATE 4/25/2018	DATE REQUIRED	SHIP VIA	FOB	
		Cheapest way; Prepaid and add to our invoice.		
Terms	QUOTE 4-25-2018 email approved		For Resale Yes	For Use
QUANTITY ORDERED	QUANTITY UNIT	PLEASE SUPPLY ITEMS LISTED BELOW	UNIT	PRICE
3,000 EXACTLY	Each Form 90388	Please provide pricing for approval prior to processing. Approved 4-25-2018 Health Record Card o Envelope style folder, no flap o Die cut and glue into folder/envelope o 110# white index (same as previous) o Black ink This is an exact reorder of Modern Printing's previous Invoice 24318 dated 7-19-2017 and Christie Printing's previous PO number 8317 dated 5-19-2017.		

IMPORTANT
Our Purchase Order Number MUST appear on invoices from you to us, packages & correspondence.
Acknowledge if unable to deliver by date required

BY: Cynthia L Duke

COST
$1,386.00
$ 15.00 freight
$1,401.00

I= 26846 Date: 6-6-2018
Paid ck #: 5899 Date: 7-23-2018

Notes for Cynthia: Reorder Inquiry April 15, 2019

PRICE EXEMPT

On invoice reference LCSD#1 PO=P026739.

$1,632.37
$ 15.00 freight
$1,647.37
$ 0.00 EXEMPT
$1,647.37

Follow invoicing and delivery instructions per LCSD#1 PO P026739 that is inside the job ticket.

Paid ck #: 0044600 Date: 6-19-2018

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NAME _____
LAST FIRST MIDDLE

BIRTH DATE_____ **ID#** _____ **M/F**_____

IMMUNIZATION

COMPLETE: K _____ **7th** _____
Date Date

EXEMPTION

Medical_____ **Renewal**_____
Date Date

Religious_____ **Renewal**_____
Date Date

CONSENTS OBTAINED

Authorization for Health Advisory for:
ADHD Asthma Allergies Seizures OTHER :

_____

Consent for exchange of information with: (LIST NAME)

_____

Throat Culture Consent: _____

ALLERGIES

MEDICATION(S)

LARAMIE COUNTY SCHOOL DISTRICT #1
SCHOOL HEALTH RECORD
CHEYENNE, WYOMING

HEALTH PROBLEM LIST

DATE	PROBLEM	DATE	PROBLEM
	ADHD		IEP
	ASTHMA		MIGRAINES
	CARDIAC		MUSCLES
	DIABETES		NEUROLOGIC
	ENDOCRINE		ORTHOPEDIC
	EMOTIONAL		PSYCHIATRIC
	GI		SEIZURES
	GU		SPEECH
	HEADACHES		VISION
	HEARING		504
	HEMATOLOGIC		

SCHOOL															
YEAR															
GRADE															
VISION															
Correction															
Test															
Distance: Right	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Left	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Both	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Near: Right	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Left	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Both	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Color															
Near Point of Convergence															
Muscle balance															
Other															
Referral Date															
HEARING															
Audiogram															
Referral Date															
IEP/ 3 year															
BP															
HEIGHT															
WEIGHT															
SCOLIOSIS P=PASSED R=REFERRED M=MONITOR MD Evaluation															

Rev. 1/2010
NU #26