McLaren Business Products

McLaren Print System Order

Order No: 30442
Order Date: 2017-09-08
User: Rochelle Wilson
Phone: 810-342-2375

Ship Location: McLaren Flint -4 South Attn: Rochelle Wilson
401 S. Blallenger Hwy
Flint, MI 48532
Forms
Quantity: 100
Paragon Dept No: 91570
Dept Name: Case Management
Company Number: 60

Order Total Price: 74.40

Item Number: 17598-A
Item Description: Discharge by Transfer
Revision Date: 6/2016
Print: 1 sided full color
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; red and black

McLAREN FLINT
FLINT, MICHIGAN
DISCHARGE BY TRANSFER

I. PATIENT INFORMATION (Attach corrected face sheet):
Patient admitted to McLaren Regional Medical Center on (date): _____/_____/_____
Date of Transfer: _____/_____/_____ From (unit/room): _____
Destination: (Hospital, extended care facility, agency, etc.): _____
Nurse to Nurse Report Call: _____

II. PHYSICIAN ORDERS (Complete and Sign):
1. Diagnosis at the time of transfer:
*ATTENTION: LACE SCORE _____
Patient High Risk for Readmission and complications
2. Surgeries (include date):
3. Allergies:
4. Diet:
❑ Intake + Output
❑ _____ mL fluid restriction/day
5. Therapies: Yes No
Physical: ❑ ❑ Occupational: ❑ ❑
Speech: ❑ ❑ Respiratory: ❑ ❑
Weight Bearing: Full ❑ Partial ❑ None ❑ R L (circle)
❑ Weigh patient daily, report weight gain of 3 lbs. over 1-2 days
6. Hemodialysis: Site: _____ Schedule: _____ Transportation: _____
7. O_2 needed at: _____
8. Other Instructions/Follow-up Appointment:
❑ Prescription for controlled substance required.
❑ Discharge Medication List Attached
❑ Prescription in Discharge Sleeve.
❑ McLaren Homecare Group to assess home care needs at ECF.
Physician's Signature: _____ Date: ___/___/___ Time: _____
To Follow Yes ❑ No ❑

DISCHARGE BY TRANSFER
0608

Spec Info: