McLaren Business Products

McLaren Print System Order

Order No: 42284
Order Date: 2019-01-30
User: Yvonne Mulcahy
Phone: 810-342-2565

Ship Location: McLaren Flint- 1 north -Attn: Yvonne M
401 S Ballenger Hwy
Flint, MI 48432
Forms
Quantity: 100
Paragon Dept No: 91120
Dept Name: Therapy Services
Company Number: 60

Order Total Price: 5.16

Item Number: M-109
Item Description: Discharge Plan Card
Revision Date: 8/1993
Print: 1 sided black and white
Paper: 65# White Cover
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; black 65# cover finished size 4x4.25

DISCHARGE PLAN
Dear Doctor _____
Initial Discharge Target: / /
Proposed Final Discharge Date: / /
Discharge Plan : Home ____ ECF ____ Other ____
Outpatient Therapies will be at: _____
Prescriptions Needed: P.T. ____ O.T. ____ S.T. ____
Equipment: _____
Home Care: _____
Follow-up Physician will be: _____
Attending Physician's Signature: _____
I agree with all plans ____.
I disagree with plans ____.
Comments: _____

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Spec Info: