

McLaren Print System Order

Order No: 42285
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



The image displays four identical sample forms for a discharge plan, arranged in a 2x2 grid. Each form is titled "DISCHARGE PLAN" and contains the following fields and sections:

- Dear Doctor:** A line for the doctor's name.
- Initial Discharge Target:** A line for the target date.
- Proposed Final Discharge Date:** A line for the final date.
- Discharge Plan:** Radio buttons for "Home", "ECF", and "Other".
- Outpatient Therapies will be at:** A line for the location.
- Prescriptions Needed:** Radio buttons for "P.T.", "O.T.", and "S.T.". Below this are three lines for listing prescriptions.
- Equipment:** Three lines for listing equipment.
- Home Care:** A line for home care instructions.
- Follow-up Physician will be:** A line for the follow-up doctor.
- Attending Physician's Signature:** A line for the doctor's signature.
- I agree with all plans:** A line for the patient's agreement.
- I disagree with plans:** A line for the patient's disagreement.
- Comments:** Three lines for additional notes.
- www.mclaren.com**: A small URL at the bottom of each form.

Spec Info: i did place order twice to get total of 200-thanks