McLaren Business Products

McLaren Print System Order

Order No: 42286 Reprint Previous Order No: 6597
Order Date: 2019-01-30
User: Shannon Pierce
Phone: 810-496-0940

Ship Location: Grand Blanc Occupational and Convenient Care
2313 E Hill Rd
Grand Blanc, MI 48439
Forms
Quantity: 5000
Paragon Dept No: 64100
Dept Name: Grand Blanc Occupational and Convenient Care
Company Number: 810

Order Total Price: 904.00

Item Number: MM-34488-C
Item Description: McLaren Occupational Health/Convenient Care Center Patient Discharge Instructions
Revision Date: 1/2018
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

MCLAREN OCCUPATIONAL HEALTH/CONVENIENT CARE CENTER
PATIENT DISCHARGE INSTRUCTIONS

TIME IN _____ TIME OUT _____

NECK and BACK PAIN

HEAD INJURIES and HEADACHES

CHEST PAIN

ABDOMINAL PAIN

OCCUPATIONAL MEDICINE
FIRST INJURY REPORT - RETURN TO WORK STATEMENT

Company Name _____

Treatment _____

Condition is _____ Work related _____ Not work related
_____ Undetermined

Referral Physician/Clinic _____

_____ Make appointment to be seen in _____ days
_____ Return here for follow up Date _____
Time _____

Patient may return to regular work/school/sports
_____ Today _____ Date
_____ Pending further evaluation and treatment as scheduled above

Patient may return to restricted work on _____

Work restrictions include (Yes/No):
____ Bending
____ Squatting
____ Reaching
____ Kneeling
____ Climbing
____ Walking
____ Lifting
____ Other
____ Lifting restriction of _____ pounds
____ Prolonged sitting
____ Prolonged standing
____ Pushing and pulling
____ Right handed work
____ Left handed work
____ Patient on crutches
____ Dust/fume exposure

____ Patient is on total disability

Employee should give this information to his/her supervisor as soon as possible.

OM employees should report to their OM Medical Department with this information within 24 hours.

DIAGNOSIS _____

PRESCRIPTIONS and OTHER INSTRUCTIONS

PHYSICIAN'S SIGNATURE DATE/TIME

CO PHYSICIAN'S NAME PRINT

IMPORTANT NOTE

I was given the opportunity to ask questions and I understand the instructions given to me. I hereby acknowledge receipt of the instructions above and realize that I may be released before all of my medical problems are known or treated. I will arrange for follow up care and provide this instruction sheet to that provider as instructed.

PATIENT'S SIGNATURE DATE

WHITE: Employee (work related visits only)
YELLOW: Medical Records
PINK: Patient

PATIENT DISCHARGE INSTRUCTIONS