

McLaren Print System Order

Order No: 45441 Reprint Previous Order No: 6593
Order Date: 2019-05-16
User: Jessica Smith
Phone: 989-773-1166

Ship Location: McLaren Central ReadyCare/ attn: Jessica
1523 S. Mission St.
Mt. Pleasant , Mi 48858

Forms

Quantity: 1000
Paragon Dept No: 75400
Dept Name: Central ReadyCare
Company Number: 810

Order Total Price: 182.00

Item Number: MM-34488-A
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

Please: 10700 E. Main St., Lansing, MI 48906 (517) 387-7500
 Grand: 2120 S. Mission St., Suite 1, Mt. Pleasant, MI 48858 (517) 773-1166
 Location: 2120 S. Mission St., Grand Blanc, MI 48038 (517) 496-0300
 800 Conquest Ave., Suite 1400 Bay City, MI 49709 Phone: (989) 349-0300

IMPORTANT INFORMATION

These instructions are intended to provide you with information regarding your condition and treatment. It is important that you read and understand these instructions. If you do not understand these instructions, please ask your healthcare provider for clarification. These instructions are not intended to replace your healthcare provider's instructions. If you have any questions, please ask your healthcare provider.

GENERAL INFORMATION

Read and understand these instructions before you leave the clinic. If you do not understand these instructions, please ask your healthcare provider for clarification. These instructions are not intended to replace your healthcare provider's instructions. If you have any questions, please ask your healthcare provider.

PREPARATION

Read and understand these instructions before you leave the clinic. If you do not understand these instructions, please ask your healthcare provider for clarification. These instructions are not intended to replace your healthcare provider's instructions. If you have any questions, please ask your healthcare provider.

POST-PROCEDURE CARE

Read and understand these instructions before you leave the clinic. If you do not understand these instructions, please ask your healthcare provider for clarification. These instructions are not intended to replace your healthcare provider's instructions. If you have any questions, please ask your healthcare provider.

RETURN TO WORK

Read and understand these instructions before you leave the clinic. If you do not understand these instructions, please ask your healthcare provider for clarification. These instructions are not intended to replace your healthcare provider's instructions. If you have any questions, please ask your healthcare provider.

CONTACT INFORMATION

Read and understand these instructions before you leave the clinic. If you do not understand these instructions, please ask your healthcare provider for clarification. These instructions are not intended to replace your healthcare provider's instructions. If you have any questions, please ask your healthcare provider.

PATIENT'S SIGNATURE _____ **DATE** _____

WITNESS (Employee must witness initial) _____
 TITLE: Medical Records
 PRINT: Patient
 800-368-8100

PATIENT DISCHARGE INSTRUCTIONS