

McLaren Print System Order

Order No: 56862 Reprint Previous Order No: 6595
Order Date: 2020-09-16
User: Theda Simmonds
Phone: 989-393-2857

Ship Location: McLaren Occupational and Convenient Care - Caro Quick Care
4 Columbus Ave Ste140
Bay City, MI 48708,

Forms

Quantity: 1000
Paragon Dept No: 69100
Dept Name: Occupational Convenient Care
Company Number: 210

Order Total Price: 542.00

Item Number: MM-34488-B
Item Description: McLaren Occupational Health/Convenient Care Center Patient Discharge Instructions
Revision Date: 8/2019
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Occupational Health/Convenient Care Center
INPATIENT DISCHARGE INSTRUCTIONS

DATE: _____

TIME IN: _____ TIME OUT: _____

WARNING:

- Do not leave the center or go to the Emergency Department for any of the following:
 - Swelling continues for more than 24 hours
 - No improvement with 48 hours of treatment
 - Redness, warmth, pain, or fever
 - Red streaks extending from the site
 - Redness or heat greater than 100°F
 - You feel that you are getting worse
- Signs of infection at the site:
 - Do not eat, drink, or use any products while you are being treated. Strictly enforce these things until you are able to eat and drink. Do not use soap, shampoo, or conditioner until you are being treated.
 - Do not use hot water or steam while you are being treated.

DISCHARGE:

- Do not leave the center or go to the Emergency Department for any of the following:
 - Swelling continues for more than 24 hours
 - No improvement with 48 hours of treatment
 - Redness, warmth, pain, or fever
 - Red streaks extending from the site
 - Redness or heat greater than 100°F
 - You feel that you are getting worse
- Signs of infection at the site:
 - Do not eat, drink, or use any products while you are being treated. Strictly enforce these things until you are able to eat and drink. Do not use soap, shampoo, or conditioner until you are being treated.
 - Do not use hot water or steam while you are being treated.

PRESCRIPTIONS:

- Take your prescription as directed.
- Follow up with your doctor within 1 week.
- Return to the Emergency Department if you develop pain, swelling, heat, redness or drainage.
- See your doctor as directed.
- Follow up with your doctor within 1 week.
- Return to the Emergency Department if you develop pain, swelling, heat, redness or drainage.

OTHER CONDITIONS:

- See your doctor as directed.
- Follow up with your doctor within 1 week.
- Return to the Emergency Department if you develop pain, swelling, heat, redness or drainage.

IMPORTANT NOTE:

With the exception of Occupational Care visits, this center is intended to provide specific care for your convenience. The examination and treatment that you have received has been on an individual case basis only. It was not intended to be a substitute or replacement for complete medical care. We encourage you to report this information to your doctor and follow up with your doctor as directed.

I have given the opportunity to ask questions and 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 to follow up with you and provide the instruction sheet to that provider, as instructed.

PATIENT'S SIGNATURE _____ DATE _____

WETCO Employee (mark initial with only)
WETCO Medical Records
Print Patient
see order to use in this

INPATIENT DISCHARGE INSTRUCTIONS

OCCUPATIONAL MEDICAL FIRST AID/RETURN TO WORK CERTIFICATE

Company Name: _____
Treatment: _____
Condition is: _____ Not work related
_____ Under treatment

Return/Restrictions:
_____ With appointment to be seen in _____ days
_____ Return to work on _____ Date _____
_____ None

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

Patient may return to restricted work as:
_____ Standing _____ Postoperative sitting
_____ Lifting _____ Postoperative standing
_____ Driving _____ Postoperative driving
_____ Stairing _____ Right handed work
_____ Walking _____ Left handed work
_____ Climbing _____ Patient on machine
_____ Other _____ Nothing reported

_____ Lifting restriction of _____ pounds
_____ Patient is on total disability

Employee should give the information to their supervisor as soon as possible.
Get employee placed report in their HR/Medical Department with the information within 48 hours.

DISCHARGE:

PRESCRIPTIONS and OTHER INSTRUCTIONS:

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S NAME _____