

McLaren Print System Order

Order No: 6146
Order Date: 2014-09-29
User: Debra Hoffman
Phone: 810-342-2375

Ship Location: McLaren Flint - 4S-Case Management
401 S. Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 91570
Dept Name: McLaren Flint - Case Management
Company Number: 60

Order Total Price: 59.75

Form Number: 17598
Form Description: Discharge by Transfer
Revision Date: 3/2012
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top

McLAREN FLINT
FLINT HOSPITAL
DISCHARGE BY TRANSFER

I. PATIENT INFORMATION (Attach corrected face sheet):
Patient admitted to McLaren Flint on (date) ____/____/____
Date of Transfer ____/____/____ From (unit/room) _____
Destination (Hospital, extended care facility, agency, etc.): _____

II. PHYSICIAN ORDERS (Complete and Sign):

1. Diagnosis at the time of transfer:	
2. Surgeries (include date):	
3. Allergies:	
4. Diet:	
5. Therapies: <small>Yes No</small>	<small>Yes No</small> <small>Weight bearing Full? Padded? Home? N/A, etc.</small>
Physical: <input type="checkbox"/> <input type="checkbox"/>	Occupational: <input type="checkbox"/> <input type="checkbox"/>
Speech: <input type="checkbox"/> <input type="checkbox"/>	Respiratory: <input type="checkbox"/> <input type="checkbox"/>
6. Hemodialysis: Site: _____ Schedule: _____	Transportation: _____
7. O ₂ needed at: _____	
8. Other instructions:	
9. Medication (Dose, Route, Frequency): _____ <input type="checkbox"/> Discharge Medication List Attached	
<input type="checkbox"/> McLaren Visiting Nurse & Hospice to assess home care needs at ECF.	
Physician's Signature: _____ Date: ____/____/____ Time: _____	

DISCHARGE BY TRANSFER
 9503