

McLaren Print System Order

Order No: 7198
Order Date: 2014-11-19
User: Sandra Dodge
Phone: 810-342-2308

Ship Location: Sandy Dodge
401 South Ballenger Highway
Flint, Mi 48532

Forms
Quantity: 100
Paragon Dept No: 31010
Dept Name: Emergency
Company Number: 60

Order Total Price: 0.00

Item Number: MHC-CC0125
Item Description: Patient Transfer Consent Form
Revision Date: 9/7/2012
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info:

McLaren Health Care Corporation (MHC)
PATIENT TRANSFER CONSENT FORM
SECTION TO BE COMPLETED BY THE PHYSICIAN
I. Patient Condition
Does the patient have an emergency medical condition? Yes No
Select One
a. Stable
b. Delayed medical attention
c. Unstable
d. Delaying treatment
TO BE COMPLETED WHILE TRANSFERRING AN UNSTABLE PATIENT
II. Reason for Transfer
Select One
a. Patient or their Legal Representative requests the transfer
b. Specialized services necessary to treat the patient are not available at MHC Facility
Specify
III. Risks/Benefits of Transfer
Have explained the significant risks and benefits of transfer to: Patient Legal Representative
Risks
Benefits
IV. Transfer Requirements - All Requirements Must Be Met
Transferring Facility: MHC Facility Department: Phone #
Transportation
Transporting Staff
Medical Record
Receiving Facility
V. Physician Certification
Signature: Date: Title:
MHC-CC0125 Appendix 7.1
Barcode: 8206