McLaren Business Products

McLaren Print System Order

Order No: 8840
Order Date: 2015-02-07
User: anna parsian
Phone: 810-342-2375

Ship Location: Shannon Smith & Anna Parsian
401 South Ballenger Hwy - 4 South
Flint , MI 48532
Forms
Quantity: 500
Paragon Dept No: 91570
Dept Name: Case Management 4-South
Company Number: 60

Order Total Price: 59.75

Item Number: 17598
Item 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
Misc Info:

McLAREN FLINT
FLINT, MICHIGAN
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: Yes No Yes No Weight Bearing: Full ❑ Partial ❑ None ❑ R L (circle)
Physical: ❑ ❑ Occupational: ❑ ❑
Speech: ❑ ❑ Respiratory: ❑ ❑
6. Hemodialysis: Site: _____ Schedule: _____ Transportation: _____
7. O_2 needed at: _____
8. Other instructions:
9. Medication (Dose, Route, Frequency): ❑ Discharge Medication List Attached
❑ McLaren Visiting Nurse & Hospice to assess home care needs at ECF.
Physician's Signature: _____ Date: ____/____/____ Time: _____
Follow Up ❑ No ❑

DISCHARGE BY TRANSFER
0608