

## McLaren Print System Order

Order No: 44043 Reprint Previous Order No: 6593  
 Order Date: 2019-03-28  
 User: Alicia Mullett  
 Phone: 9893932850

Ship Location: **MCLAREN OCCUPATIONAL HEALTH**  
 4 Columbus Ave; suite 140  
 BAY CITY, MI 48708

### Forms

Quantity: 500  
 Paragon Dept No: 65100  
 Dept Name:  
 Company Number: 810

Order Total Price: 94.75

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: 10100 N. State St., Bay City, MI 49709 (810) 387-7500  
 Grand: 10100 N. State St., Suite 1, 4th Floor, Bay City, MI 49709 (810) 387-7500  
 Location: 10100 N. State St., Grand Bluffs, MI 49709 (810) 387-7500  
 10100 Grand Ave., Suite 140 Bay City, MI 49709 Phone: (810) 387-7500

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**IMPORTANT INFORMATION**

Read these instructions carefully and follow them exactly as written. Do not smoke or drink alcohol while taking medicines. Do not take any other medicines without your doctor's permission. Do not take any other medicines unless you are told to do so. Do not take any other medicines unless you are told to do so. Do not take any other medicines unless you are told to do so.

**Medications**

Take medicines as directed. Do not stop taking your medicines unless you are told to do so. Do not stop taking your medicines unless you are told to do so. Do not stop taking your medicines unless you are told to do so.

**Activity**

Do not drive or operate machinery until you are told it is safe to do so. Do not drive or operate machinery until you are told it is safe to do so. Do not drive or operate machinery until you are told it is safe to do so.

**Follow-up**

Return to your doctor for a follow-up appointment. Return to your doctor for a follow-up appointment. Return to your doctor for a follow-up appointment.

**Other instructions**

Do not take any other medicines unless you are told to do so. Do not take any other medicines unless you are told to do so. Do not take any other medicines unless you are told to do so.

**Physician's Signature** \_\_\_\_\_ **DATE/TIME** \_\_\_\_\_

**Patient's Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED PHYSICIAN'S NAME** \_\_\_\_\_

**PRINTED PATIENT'S NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **DATE/TIME** \_\_\_\_\_

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_ **DATE/TIME** \_\_\_\_\_

**PATIENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTE:** (Employee level-related notes only)  
**NOTE:** (Medical Records)  
**FORM:** Patient  
 10100 N. State St.

**PATIENT DISCHARGE INSTRUCTIONS**