

## McLaren Print System Order

Order No: 45443 Reprint Previous Order No: 6595  
 Order Date: 2019-05-16  
 User: Jessica Smith  
 Phone: 989-773-1166

Ship Location: McLaren Central ReadyCare/ attn: Jessica  
 1523 S. Mission St.  
 Mt. Pleasant , Mi 48858

### Forms

Quantity: 500  
 Paragon Dept No: 75400  
 Dept Name: Central ReadyCare  
 Company Number: 810

Order Total Price: 282.25

Item Number: MM-34488-B  
 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: None  
 Drill: None  
 Misc Info:

**MCLAREN OCCUPATIONAL HEALTH/CONVENIENT CARE CENTER**  
**PATIENT DISCHARGE INSTRUCTIONS**

Please Print Name: \_\_\_\_\_

Address: 21100 E. Mission St., Suite 100, Mount Pleasant, MI 48858-2600, 734-774-1100  
 Location: 21100 E. Mission St., Suite 100, Mount Pleasant, MI 48858-2600, 734-774-1100  
 21100 E. Mission St., Suite 100, Mount Pleasant, MI 48858-2600, 734-774-1100

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TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_

**SYMPTOMS**

Consult your doctor or go to the Emergency Department for any of the following:

- Swelling continues for more than 24 hours
- No improvement with 10% or less
- Redness increases in size
- No swelling after 48 hours
- No improvement after 48 hours
- No improvement after 48 hours
- No improvement after 48 hours

**DIAGNOSIS**

Consult your doctor or go to the Emergency Department for any of the following:

- Swelling continues for more than 24 hours
- No improvement with 10% or less
- Redness increases in size
- No swelling after 48 hours
- No improvement after 48 hours
- No improvement after 48 hours

**PHYSIOLOGICAL PROBLEMS**

See your doctor or go to the Emergency Department if you develop pain, swelling, heat, redness or drainage.

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**OTHER CONDITIONS**

See your doctor or go 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 an occupational care visit 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 \_\_\_\_\_

WHS/OC (Employee level visited visit only)  
 HHS/OC (Medical Records)  
 PHS/OC (Patient)

PATIENT DISCHARGE INSTRUCTIONS