

**McLaren Print System Order**

**Order No: 48196 Reprint Previous Order No: 6595**  
**Order Date: 2019-08-29**  
**User: Kelly Lewis**  
**Phone: 810-496-0916**

**Ship Location: Midland Occupational and Convenient Care**  
**801 Joe Mann Blvd.**  
**Midland, MI 48642**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 56062**  
**Dept Name: Midland Occupational and Convenient Care**  
**Company Number: 810**

**Order Total Price: 286.00**

**Item Number: MM-34488-B**  
**Item Description: McLaren Occupational Health/Convenient Care Center Patient Discharge Instructions**  
**Revision Date: 8/2019**  
**Print: 1 sided black and white**  
**Paper: 3 Part (White, Yellow, Pink)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: 5 Hole Top**  
**Misc Info:**

**McLaren Occupational Health/Convenient Care Center**  
**INPATIENT DISCHARGE INSTRUCTIONS**

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

**WARNING:**

- Do not leave the center or go to the Emergency Department for any of the following:
  - Swelling continues for more than 24 hours
  - You become weak, dizzy, or faint
  - Your symptoms worsen
  - You develop abdominal pain
  - You develop a fever greater than 101°F
  - You feel that you are getting worse
- Sign medications as prescribed
- Do not eat solid food, milk or dairy products while you are having diarrhea. Only soft foods like soups, broths, and clear soups are allowed. Eat a BRAT diet (bananas, rice, applesauce, toast) while you are having diarrhea.
- Call health care provider or call 24-hour nurse advice line if you are having diarrhea.

**CAUTIONS:**

- See your doctor within 3 days to follow up
- Do not leave the center or go to the Emergency Department for any of the following:
  - Swelling continues for more than 24 hours
  - You become weak, dizzy, or faint
  - Your symptoms worsen
  - You develop abdominal pain and/or swelling
  - You develop a fever greater than 101°F
- Sign medications as prescribed
- Do not eat solid food, milk or dairy products while you are having diarrhea. Only soft foods like soups, broths, and clear soups are allowed. Eat a BRAT diet (bananas, rice, applesauce, toast) while you are having diarrhea.
- Call health care provider or call 24-hour nurse advice line if you are having diarrhea.

**PRESCRIPTIONS:**

- Your other programs (e.g. PCP, HMO)
- If you are pregnant or breast feeding:
  - Do not eat solid food and drinking
  - Sign medications as prescribed
  - See your doctor within 3 days to follow up
  - Call your doctor or call 24-hour nurse advice line if you are having diarrhea.
- See medications as prescribed
- See your doctor within 3 days to follow up
- Call your doctor or call 24-hour nurse advice line if you are having diarrhea.

**ADDITIONAL INSTRUCTIONS:**

- Do not eat solid food and drinking
- Sign medications as prescribed
- See your doctor within 3 days to follow up
- Call your doctor or call 24-hour nurse advice line if you are having diarrhea.

**OTHER CONDITIONS:**

- See medications as prescribed
- Follow up with your doctor within 3 days
- Call your doctor or call 24-hour nurse advice line if you are having diarrhea.

**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 on an individual case basis 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 \_\_\_\_\_

WETCO Employee (mark related visit only)  
WetCO Medical Records  
Print Patient  
see order in file #110

INPATIENT DISCHARGE INSTRUCTIONS

**OCCUPATIONAL MEDICAL FIRST AID/RETURN TO WORK CERTIFICATE**

Company Name \_\_\_\_\_  
Treatment \_\_\_\_\_  
Condition is \_\_\_\_\_ Risk status \_\_\_\_\_ Not work related \_\_\_\_\_  
Return to work \_\_\_\_\_  
Return date for follow up \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient may return to regular work/duties \_\_\_\_\_  
\_\_\_\_\_ Today \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Pending further evaluation and treatment as scheduled above

Patient may return to restricted work as:

_____ Standing	_____ Prolonged sitting
_____ Lifting	_____ Prolonged standing
_____ Pushing/pulling	_____ Pushing/pulling
_____ Climbing	_____ High speed work
_____ Driving	_____ Self directed work
_____ Hoisting	_____ Patient on machines
_____ Digging	_____ Machine operation
_____ Other _____	_____ Other _____

\_\_\_\_\_ Patient is on total disability \_\_\_\_\_

Employee should give the information to their supervisor as soon as possible

Get employee placed report in their HR/Medical Department with the information within 48 hours

**DISPOSABLES**

**PRESCRIPTIONS and OTHER INSTRUCTIONS**

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHASED PHYSICIAN'S NAME \_\_\_\_\_