

McLaren Print System Order

Order No: 51930 Reprint Previous Order No: 51928
Order Date: 2020-01-24
User: Lisa Ardanowski
Phone: 810-768-2073

Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski
501 S. Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 30014
Dept Name: Surgery and Endoscopy Center Pain Clinic
Company Number: 60

Order Total Price: 282.25

Item Number: 17835
Item Description: Patient Transfer Form McLaren Sugery & Endo Center
Revision Date: 5/2012
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; black; 3 part

McLAREN - FLINT
Surgery & Endoscopy Center
510 South Ballenger Highway
Flint, MI 48532
810-768-2044

PATIENT TRANSFER FORM

Form fields including: Date, Transferring Physician, Patient name, Age, Sex, Receiving hospital, Report given to, Time Hospital contacted, Diagnosis/Reason for transfer, Reason for admission to Surgery Center, Vital signs on arrival, Vital signs on discharge, I/V Solution, I/V Site, Drainage, Documentation table, Method of transfer, Physician Reassessment, Physician Signature, Date, Time, Patient or Patient Representative Signature, Date, Witness Signature, Date, Form completed by, Date.

White Copy: Chart
Yellow Copy: Clinical Practice
Pink: Transfer Chart
PATIENT TRANSFER FORM
1783.010



Form layout details and checkboxes