

McLaren Print System Order

Order No: 53801
Order Date: 2020-04-08
User: Sateesha Poplar
Phone: 810-342-2375

Ship Location: 4 South McLaren Flint
Case Mangement Department 4 south
Flint , MI 48532

Forms

Quantity: 100
Paragon Dept No: 91570
Dept Name: Case Management
Company Number: 60

Order Total Price: 74.40

Item Number: 17598
Item Description: Discharge by Transfer
Revision Date: 6/2018
Print: 1 sided full color
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; red and black

McLAREN FLINT
FLINT, MICHIGAN
DISCHARGE BY TRANSFER
I. PATIENT INFORMATION (attach corrected face sheet)
Date of Transfer: ___/___/___ From (Unit/Room)
Destination (Hospital, Extended Care Facility, Agency, etc.):
Nurse to Nurse Report Call:
Diagnosis:
*McLaren To Follow (RM) 323-8974
*ATTENTION: Patient High Risk for readmission & complications: AMI CHF COPD
If appropriate, please refer patient to: McLaren Cardiac Rehab (810) 342-2985 / McLaren Pulmonary Rehab (810) 342-2985
II. DISCHARGE PLANNER
PCP: Specialist:
PICC Line:
Ox Needed at: BMAP:
Diet:
Hemodialysis: Schedule: Facility:
Dry weight/baseline pounds:
Other Instructions/Follow-Up Appointments:
III. SOCIAL WORK (Complete & Sign)
Advanced Directives? (copy included)
Hospice Plan: Discussed with: MD Patient Family
Referral made to:
Summary:
IV. NURSING
Discharge Medication List Attached
Signature: Date: ___/___/___ Time:
McLaren logo and barcode at the bottom.

Spec Info: