

McLaren Print System Order

Order No: 58960 Order Date: 2020-12-14 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: 10/2020 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

MURSING HOME DISCHARGE/TRANSPER REPORT I. PATIENT INFORMATION (attach corrected face sheet). Date of Transfer: ____ / ___ From (Unit-Floom) ____ Destination: (Hospital, Extended Care Facility, Agency, etc.) ____ Phone number ______RN Report called by _______Report given to ______ * McLaren To Follow (866) 323-5874 * MCLEARN, 16 Follow (1999) NIDA for readmission & complications AMI CAP COPO Fagorgranis, place refer policy file for Cardial Refeat (\$10,00 2000) RELaren Pulmonary Refeat (\$10,00 2000) II. CLINICAL INFORMATION Specialist PCP PICC Line: Oz Needed at: BiFWP: Dry weight/Baseline (pounds) _____ □ Discharge Medication List Attached Other Instructions/Follow-Up Appointments: Hospice Plan: Discussed with: □MD □Puters □Family Social Determinant of Health Screening (SDOH) barriers identified: □ No. □ No. □ unable to screen Referral made to: ... Spec Info: Date: ___/__/__Time: ____