McLAREN FLINT

FLINT, MICHIGAN

DISCHARGE BY TRANSFER

PATIENT INFORM		•			-	1	
II. PHYSICIAN ORE		Complete and G	Sign)				
1. Diagnosis at the t	•	-		•			
2. Surgeries (include	e date):						
3. Allergies:							
4. Diet:							
5. Therapies: Yes Physical: Speech:	No	Occupational Respiratory:	Yes	No D	Weight	Bearing: F	Full 🗆 Partial 🗆 None 🗆 R. L. (circle)
6. Hemodialysis: Sit	e:		Sche	edule: _			Transportation:
7.O ₂ needed at:							
8. Other Instructions							
9. Medication (Dose	e, Route	, Frequency):					Discharge Medication List Attached
McLaren Visiting	Nurse 8	Hospice to as	sess l	nome c	are nee	ds at E	ECF.
Physician's Signature:						Dat	ate: / / Time:
							PT.
DISCHARGE BY TRAN	SFER						MR.#/RM.
7598 Rev. 3/12 (Intranet)				060B			DR.