

McLaren Print System Order

Order No: 60797 Reprint Previous Order No: 56243
Order Date: 2021-03-03
User: Judy Rife
Phone: 9892695152

Ship Location: 1040 S Van Dyke Rd
Bad Axe
MI, 48413

Forms

Quantity: 100
Paragon Dept No: 55276
Dept Name: Bad Axe Convenient Care Clinic
Company Number: 530

Order Total Price: 0.00

Item Number: 185.001
Item Description: Occ Health & Conveninet Care Clinic Patient Instruction Sheet for Illness
Revision Date: 05/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER

1040 S. Van Dyke Site 2
Bad Axe, Michigan 48413
(888) 269-4153 - phone
(888) 269-4153 - fax

Hours: Monday - Friday 9am to 5pm
Saturday - Sunday 9am to 4pm

OCCUPATIONAL HEALTH AND CONVENIENT CARE CLINIC PATIENT INSTRUCTION SHEET FOR ILLNESS

Your diagnosis is _____

Follow up with Dr. _____ in _____ days. Call within 48 hours to schedule your appointment.

General Instructions

- 1) Eat or drink nothing for 4 hours if vomiting is a problem.
- 2) Clear liquids only for the first 24 hours (water, clear juice, weak tea, flat soda, jelly water, clear soup, or popsicles).
- 3) After 24 hours advance to B.R.A.T. diet (bananas, rice, applesauce, and toast).
- 4) After 48 hours you may slowly return to your normal diet.
- 5) Avoid fatty, greasy, and spicy foods.
- 6) Avoid milk and milk products.

Pain

- 1) Ibuprofen (Advil) _____ mg _____ hours with food
- 2) Acetaminophen (Tylenol) _____ mg _____ hours
- 3) You may alternate the Ibuprofen and Acetaminophen every _____ hours as needed.
- 4) If the fever is persistent or the patient becomes confused, lethargic (very slow, tired), or has a seizure, go to the Emergency Department immediately.

Eye Injections

- 1) Go to the Emergency Department or see your doctor immediately if you begin to experience severe pain, redness or blurring of your vision.

General Instructions

- 1) If symptoms become worse or do not improve see your family doctor or go to the Emergency Department.
- 2) Get prescriptions filled, take or apply medication as directed on label.
- 3) No driving, using heavy machinery, working at heights, or performing tasks which require mental judgment while taking the prescribed medications.
- 4) Increase fluid intake.
- 5) Rest as much as possible.
- 6) Your X-Rays have been interpreted by _____. A final report will be rendered within the next 72 hours. You will be notified if there is a change from your original diagnosis.
- 7) Go to the Emergency Department if any of the following signs or symptoms occur: difficulty breathing or swallowing, dizziness or lightheadedness, wheezing, swelling of the face, throat, or lips, hives or severe itching, swelling or redness at the injection site.

Other instructions:
1) _____
2) _____
3) _____
4) _____

Prescription: _____

Patient/Legal Guardian's Signature _____ Physician/NP/PA Signature _____

Date _____ Time _____

185.001 05-19