

McLaren Print System Order

Order No: 61471 Reprint Previous Order No: 14954
Order Date: 2021-04-02
User: Sally Wagner
Phone: 586 493-8546

Ship Location: McLaren Macomb - 6S Inpatient Rehab-Attn: Sally Wagner
1000 Harrington Blvd
Mount Clemens, MI 48043

Forms

Quantity: 500
Paragon Dept No: 30391
Dept Name: 6S Inpatient Rehab
Company Number: 260

Order Total Price: 12.31

Item Number: M-109
Item Description: Discharge Plan Card
Revision Date: 8/1993
Print: 1 sided black and white
Paper: 65# White Cover
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; black 65# cover finished size 4x4.25

<p>DISCHARGE PLAN</p> <p>Dear Doctor _____</p> <p>Initial Discharge Target: _____ / _____ / _____</p> <p>Proposed Final Discharge Date: _____ / _____ / _____</p> <p>Discharge Plan: Home _____ EOP _____ Other _____</p> <p>Outpatient Therapies will be at _____</p> <p>Prescriptions Needed: P.T. _____ O.T. _____ S.T. _____</p> <p>Equipment _____</p> <p>_____</p> <p>_____</p> <p>Home Care: _____</p> <p>Follow-up Physician will be _____</p> <p>Attending Physician's Signature _____</p> <p>I agree with all plans _____</p> <p>I disagree with plans _____</p> <p>Comments _____</p> <p>_____</p> <p>_____</p> <p>www.mclaren.com</p>	<p>DISCHARGE PLAN</p> <p>Dear Doctor _____</p> <p>Initial Discharge Target: _____ / _____ / _____</p> <p>Proposed Final Discharge Date: _____ / _____ / _____</p> <p>Discharge Plan: Home _____ EOP _____ Other _____</p> <p>Outpatient Therapies will be at _____</p> <p>Prescriptions Needed: P.T. _____ O.T. _____ S.T. _____</p> <p>Equipment _____</p> <p>_____</p> <p>_____</p> <p>Home Care: _____</p> <p>Follow-up Physician will be _____</p> <p>Attending Physician's Signature _____</p> <p>I agree with all plans _____</p> <p>I disagree with plans _____</p> <p>Comments _____</p> <p>_____</p> <p>_____</p> <p>www.mclaren.com</p>
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