

**McLaren Print System Order**

Order No: 61766  
Order Date: 2021-04-16  
User: Samantha Larr  
Phone: 810-342-5963

Ship Location: McLaren Flint 4N IPR Attn: Samantha  
401 S Ballenger Hwy  
Flint, MI 48532

**Forms**

Quantity: 100  
Paragon Dept No: 91120  
Dept Name: IPR  
Company Number: 60

Order Total Price: 5.16

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><b>DISCHARGE PLAN</b></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><b>DISCHARGE PLAN</b></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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Spec Info: