

**McLaren Print System Order**

**Order No: 6611**  
**Order Date: 2014-10-20**  
**User: Kristin Fudge**  
**Phone: 517-975-3107**

**Ship Location: MGL Redi Care South / Kristin**  
**6910 South Cedar St**  
**Lansing , Mi 48911**

**Forms**  
**Quantity: 1000**  
**Paragon Dept No: 67725**  
**Dept Name: MGL Redi Care South**  
**Company Number: 810**

**Order Total Price: 176.00**

**Item Number: MM-34488-C (67725)**  
**Item Description: McLaren Occupational Health/Convenient Care Center Patient Discharge Instructions (McLaren Redi Care South - Lansing)**  
**Revision Date:**  
**Print: 1 sided black and white**  
**Paper: 3 Part (White, Yellow, Pink)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

**McLaren Occupational Health/Convenient Care Center**

**PATIENT DISCHARGE INSTRUCTIONS**

**McLaren Redi Care South - Lansing**  
6910 South Cedar Street  
Lansing, MI 48911  
(517) 975-3110

**WORK AND BACK PLAN**  
Notify the Emergency Department immediately for any of the following:  
- Loss of consciousness or level of alertness  
- Uncontrolled bleeding, high fever or high blood pressure  
- Pain or tenderness in chest, back, neck, or head  
- Change in mental status  
- Wound or laceration  
- Nausea or vomiting  
- Inability to swallow  
- Change in level of alertness or level of consciousness  
- Change in level of consciousness  
- Change in level of consciousness  
- Change in level of consciousness

**HEAD INJURY AND NECK INJURY**  
Notify the Emergency Department immediately for any of the following:  
- Loss of consciousness or level of alertness  
- Wound or laceration  
- Nausea or vomiting  
- Inability to swallow  
- Change in level of alertness or level of consciousness  
- Change in level of consciousness  
- Change in level of consciousness  
- Change in level of consciousness

**QUESTIONS**  
Notify the Emergency Department for any of the following:  
- Questions about your care  
- Questions about your care  
- Questions about your care  
- Questions about your care

**ADDITIONAL ASKS**  
Notify the Emergency Department for any of the following:  
- Questions about your care  
- Questions about your care  
- Questions about your care  
- Questions about your care

**DISPOSITION**  
Patient disposition to regular ambulatory care  
- Home  
- Urgent Care  
- Hospital  
- Other

**PRESCRIPTIONS AND OTHER INSTRUCTIONS**  
Patient instructions to regular ambulatory care:  
- Medication  
- Wound care  
- Pain management  
- Activity restrictions  
- Follow-up appointments

**PATIENT'S SIGNATURE** \_\_\_\_\_ **DATE/TIME** \_\_\_\_\_

**PATIENT'S PHYSICIAN NAME** \_\_\_\_\_

**WORKSHEET**  
DATE/TIME \_\_\_\_\_  
DATE/TIME \_\_\_\_\_

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