

McLaren Print System Order

Order No: 47118 Reprint Previous Order No: 6233
 Order Date: 2019-07-22
 User: shirley liddell
 Phone: 810-342-5333

Ship Location: McLaren OakBridge Center PHP - Shirley Liddell
 4448 Oakbridge
 FLINT, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 43560
 Dept Name: McLaren OakBridge Center PHP
 Company Number: 60

Order Total Price: 96.00

Item Number: M-13087
 Item Description: Patient Discharge Instructions
 Revision Date: 11/2012
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: 5 Hole Top
 Misc Info:

McLaren Flint
 Flint, Michigan
McLaren Oak Bridge Partial Hospital Program
Patient Discharge Instructions

After discharge, you should follow these instructions until you call and/or visit your physician. If your symptoms worsen,
 contact your physician immediately or go to the nearest emergency room.

Recommendation

Home: Supportive referral in community

Activity as tolerated
 Diet as tolerated

Sleep supports
 Home Health Support Group
 Church or spiritual Center
 Community Center or Y/W.C.A.
 Other

Advocacy Therapy

Therapist Name _____ Agency _____ App Date/Time _____ Phone Number _____
 Residential Therapist Name _____ Agency _____ App Date/Time _____ Phone Number _____
 Case Manager Name _____ Agency _____ App Date/Time _____ Phone Number _____

Medication Needs
 Rate and Frequency _____ Dose/Type/Freq/Dose _____ Routes/Comments _____ Mark as Blank _____ Script given _____

Medication Needs	Rate and Frequency	Dose/Type/Freq/Dose	Routes/Comments	Mark as Blank	Script given

The Patient/Caregiver states they understood the above recommendations/instructions

Patient/Caregiver signature _____ Date _____
 Staff Signature _____ Date _____
 Staff _____
 Comments _____