

McLaren Print System Order

Order No: 48693 Reprint Previous Order No: 6593
Order Date: 2019-09-18
User: Theda Simmonds
Phone: 989-393-2857

Ship Location: McLaren Occupational and Convenient Care - Bay City
4 Columbus Ave
Bay City, MI. 48708,

Forms

Quantity: 2500
Paragon Dept No: 69100
Dept Name: Occupational Convenient Care
Company Number: 810

Order Total Price: 453.00

Item Number: MM-34488-A
Item Description: McLaren Occupational Health/Convenient Care Center Patient Discharge Instructions
Revision Date: 8/2019
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
INPATIENT DISCHARGE INSTRUCTIONS

PREPARATION AND/OR TESTS

- ____ Take medicine as prescribed
- ____ Follow for food and/or liquid intake instructions
- ____ Read and understand your discharge instructions
- ____ Read your discharge or return home instructions
- ____ Read handouts; applicable instructions and pamphlets may include the same information
- ____ Do not smoke or drink alcohol until you are able

ADVICE

- ____ Medication will not immediately cure your illness or may not be effective against your condition and may compromise your condition if your condition changes
- ____ Medication **DOES NOT** cure your condition
- ____ Go to the Emergency Department immediately if any of the following develop:
 - _____ Sudden weakness
 - _____ Difficulty breathing
 - _____ Chest tightness
 - _____ Swelling of your entire body
 - _____ Swelling of your face
 - _____ Swelling of your arms or legs
 - _____ Redness, pain, or tenderness in your legs
 - _____ Pain or discomfort in your chest
 - _____ Vomiting
 - _____ Severe dizziness or lightheadedness
 - _____ See your doctor within 3 days for follow up
- ____ If you are instructed to stop taking your medicine, do not stop abruptly. Your doctor will tell you if you need to stop or change your medicine. Do not stop your medicine unless you are told to do so.
- ____ See your doctor within 3 days for follow up
- ____ For patients:
 - _____ For babies up to 2 months of age - go directly to your doctor or the Emergency Department for a rectal temperature of 102.2° F or greater
 - _____ Do NOT give aspirin or aspirin products to children less than 16 years of age

PRECAUTIONS

- ____ Carry your medication with you in the event of an emergency
- ____ Take medication as prescribed
- ____ Follow for food and/or liquid intake instructions
- ____ Read and understand your discharge instructions
- ____ Read your discharge or return home instructions
- ____ Read handouts; applicable instructions and pamphlets may include the same information
- ____ Do not smoke or drink alcohol until you are able
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ADDITIONAL INSTRUCTIONS

- ____ Do not smoke or drink alcohol until you are able
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ADDITIONAL NOTES

With the exception of Occupational Care visits, this center is intended to provide episodic care for your convenience. The information and treatment that you have received has been for an individual visit only. It was not intended to be a substitute or replacement for complete medical care. We encourage you to report this information to your doctor and follow up with your doctor as directed.

I was given the opportunity to ask questions and understand the instructions given to me. I hereby acknowledge receipt of the instructions above and realize that I may be released before all of my medical problems are known or treated. I will arrange for follow up care and provide the instruction sheet to that provider, as instructed.

DATE _____ TIME _____

INPATIENT'S SIGNATURE _____ DATE _____

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