

McLaren Print System Order

Order No: 54949
 Order Date: 2020-06-25
 User: Sateesha Poplar
 Phone: 810-342-2375

Ship Location: 4 South McLaren Flint
 Case Mangement Department 4 south
 Flint , MI 48532

Forms
 Quantity: 100
 Paragon Dept No: 91570
 Dept Name: Case Management
 Company Number: 60

Order Total Price: 47.60

Item Number: MHC-CC0125
 Item Description: Patient Transfer Consent Form
 Revision Date: 8/2019
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: 5 Hole Top
 Misc Info: 2 pages - 2 part

McLaren Health Care Corporation (MHC)
DEPT 0000 DEPT 0001 DEPT 0002 DEPT 0003 DEPT 0004 DEPT 0005 DEPT 0006 DEPT 0007 DEPT 0008 DEPT 0009 DEPT 0010 DEPT 0011 DEPT 0012 DEPT 0013 DEPT 0014 DEPT 0015 DEPT 0016 DEPT 0017 DEPT 0018 DEPT 0019 DEPT 0020 DEPT 0021 DEPT 0022 DEPT 0023 DEPT 0024 DEPT 0025 DEPT 0026 DEPT 0027 DEPT 0028 DEPT 0029 DEPT 0030 DEPT 0031 DEPT 0032 DEPT 0033 DEPT 0034 DEPT 0035 DEPT 0036 DEPT 0037 DEPT 0038 DEPT 0039 DEPT 0040 DEPT 0041 DEPT 0042 DEPT 0043 DEPT 0044 DEPT 0045 DEPT 0046 DEPT 0047 DEPT 0048 DEPT 0049 DEPT 0050 DEPT 0051 DEPT 0052 DEPT 0053 DEPT 0054 DEPT 0055 DEPT 0056 DEPT 0057 DEPT 0058 DEPT 0059 DEPT 0060 DEPT 0061 DEPT 0062 DEPT 0063 DEPT 0064 DEPT 0065 DEPT 0066 DEPT 0067 DEPT 0068 DEPT 0069 DEPT 0070 DEPT 0071 DEPT 0072 DEPT 0073 DEPT 0074 DEPT 0075 DEPT 0076 DEPT 0077 DEPT 0078 DEPT 0079 DEPT 0080 DEPT 0081 DEPT 0082 DEPT 0083 DEPT 0084 DEPT 0085 DEPT 0086 DEPT 0087 DEPT 0088 DEPT 0089 DEPT 0090 DEPT 0091 DEPT 0092 DEPT 0093 DEPT 0094 DEPT 0095 DEPT 0096 DEPT 0097 DEPT 0098 DEPT 0099 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DEPT 1000

PATIENT TRANSFER CONSENT FORM

SECTION TO BE COMPLETED BY THE PHYSICIAN

I. Patient Condition
 Does the patient have an emergency medical condition? Yes No
 Select One: Stable Unstable Potentially Unstable
 The patient's condition is such that, absent appropriate medical attention, the patient's condition is likely to result in death. No other significant risks have been identified as associated with the patient's condition at this time.
 The patient's condition is such that, absent appropriate medical attention, the patient's condition is likely to result in death. No other significant risks have been identified as associated with the patient's condition at this time.
 The patient's condition is such that, absent appropriate medical attention, the patient's condition is likely to result in death. No other significant risks have been identified as associated with the patient's condition at this time.

II. Reason for Transfer
 Select One: Patient or their Legal Representative requests the transfer
 Specialized services necessary to treat the patient are not available at MHC Facility
 Specify: Patient's Personal Physician Request Patient's Insurance Provider Requirement Local or Regional Referral/Request to Transfer Other

III. Risks/Benefits of Transfer
 I have explained the significant risks and benefits of transfer to: Patient Legal Representative
 Risks: Death Delay in Treatment Worsening of Patient's Medical Condition
 Other

IV. Transfer Requirements - All Requirements Must Be Met
 Transferring Facility: MHC Facility Department Phone #
 Transportation: Other Ambulance Helicopter Fixed Wing Aircraft
 Transporting Staff: Paramedic EMT Other
 Medical Record: Available medical record prepared for transport with patient
 Receiving Facility: Phone #

V. Physician Certification
 I have reviewed the significant risks and benefits of transferring care to the patient. I have contacted the Receiving Facility obtaining verbal acceptance of the patient to be transferred. I have confirmed with the Receiving Physician that there are qualified personnel and resources available to treat the patient. I have confirmed that the patient can be transferred by qualified personnel, except in situations where the patient chooses to self-transport.

Physician Signature: _____ Printed Physician Name: _____ Date: _____

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 Appendix 3.1
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Spec Info: