

McLaren Print System Order

Order No: 58749 Reprint Previous Order No: 56243
 Order Date: 2020-12-01
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Ship Location: Thumb Occupational and Convenient Care
 1040 S Van Dyke
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Forms

Quantity: 500
 Paragon Dept No: 55276
 Dept Name: Thumb Occupational and Convenient Care
 Company Number: 530

Order Total Price: 0.00

Item Number: 185.001
 Item Description: Occ Health & Conveninet Care Clinic Patient Instruction Sheet for Illness
 Revision Date: 05/2019
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: SS; BLACK; BOND PAPER

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Hours:
 Monday - Friday 8am to 5pm
 Saturday - Sunday 9am to 4pm

OCCUPATIONAL HEALTH AND CONVENIENT CARE CLINIC PATIENT INSTRUCTION SHEET FOR ILLNESS

Your diagnosis is _____

Follow up with Dr. _____ in _____ days. Call within 48 hours to schedule your appointment.

General Instructions

- 1) Eat or drink nothing for 4 hours if vomiting is a problem.
- 2) Clear liquids only for the first 24 hours (water, clear juice, weak tea, flat soda, iced water, clear soup, or popsicles).
- 3) After 24 hours advance to B.R.A.T. diet (bananas, rice, applesauce, and toast).
- 4) After 48 hours you may slowly return to your normal diet.
- 5) Avoid fatty, greasy, and spicy foods.
- 6) Avoid milk and milk products.

Pain

- 1) Ibuprofen (Advil) _____ mg _____ hours with food
- 2) Acetaminophen (Tylenol) _____ mg _____ hours
- 3) You may alternate the Ibuprofen and Acetaminophen every _____ hours as needed.
- 4) If the fever is persistent or the patient becomes confused, lethargic (very slow, tired), or has a seizure, go to the Emergency Department immediately.

Eye Injections

- 1) Go to the Emergency Department or see your doctor immediately if you begin to experience severe pain, redness or blurring of your vision.

General Instructions

- 1) If symptoms become worse or do not improve see your family doctor or go to the Emergency Department.
- 2) Get prescriptions filled, take or apply medication as directed on label.
- 3) No driving, using heavy machinery, working at heights, or performing tasks which require mental judgment while taking the prescribed medications.
- 4) Increase fluid intake.
- 5) Rest as much as possible.
- 6) Your X-Rays have been interpreted by _____. A final report will be rendered within the next 72 hours. You will be notified if there is a change from your original diagnosis.
- 7) Go to the Emergency Department if any of the following signs or symptoms occur: difficulty breathing or swallowing, dizziness or lightheadedness, wheezing, swelling of the face, throat, or lips, hives or severe itching, swelling or redness at the injection site.

Other instructions:

Prescription: _____

 Patient/Legal Guardian's Signature Physician/NP/PA Signature

 Date Time