

McLaren Print System Order

Order No: 9695
Order Date: 2015-03-10
User: anna parsian
Phone: 810-342-2375

Ship Location: Shannon Smith & Anna Parsian
401 South Ballenger Hwy - 4 South
Flint , MI 48532

Forms

Quantity: 500
Paragon Dept No: 91570
Dept Name: Case Management 4-South
Company Number: 60

Order Total Price: 59.75

Item Number: 17598
Item Description: Discharge by Transfer
Revision Date: 3/2012
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Misc Info:

McLAREN FLINT
FLINT WORKS
DISCHARGE BY TRANSFER

I. PATIENT INFORMATION (attach corrected face sheet)

Patient admitted to McLaren Flint on (date) ____/____/____
Date of Transfer ____/____/____ From (unit/room) _____
Destination (Hospital, extended care facility, agency, etc.) _____

II. PHYSICIAN ORDERS (Complete and Sign):	
1. Diagnosis at the time of transfer:	
2. Surgeries (include date):	
3. Allergies:	
4. Diet:	
5. Therapies: <input type="checkbox"/> Physical <input type="checkbox"/> Occupational <input type="checkbox"/> Speech <input type="checkbox"/> Respiratory	
6. Hemodialysis: Site _____ Schedule _____ Transportation _____	
7. O ₂ needed at _____	
8. Other instructions:	
9. Medication (Dose, Route, Frequency): _____ <input type="checkbox"/> Discharge Medication List Attached	
<input type="checkbox"/> McLaren Visiting Nurse & Hospice to assess home care needs at ECF.	
Physician's Signature: _____ Date ____/____/____ Time _____	