PATIENT TRANSFER PACKET

CHECKLIST FOR INITIAL DISPATCH WHEN YOU CALL, PLEASE HAVE THE FOLLOWING INFO AVAILABLE: ☐ PATIENT NAME:____ (or patient label) ☐ REFERRING DOCTOR (FULL NAME):_____ ☐ CALLER'S NAME/TITLE: _____ ☐ CALLER'S PHONE: _____ ☐ RECEIVING HOSPITAL/UNIT: ___ ☐ RECEIVING MD (FULL NAME): CHECKLIST FOR INITIAL DISPATCH WHEN YOU CALL, PLEASE HAVE THE FOLLOWING INFO AVAILABLE: YES NO N/A ☐ Insurance cards, front and back for MVA, both health and auto XRay ☐ Transfer or EMTALA sheet Lab П ☐ Hospital face sheet CT Scan Called Report ☐ Prenatal record ☐ State hearing screen form PLEASE OBTAIN THE FOLLOWING SIGNATURES: ☐ Patient or family — Consent for Transportation of Patient for Medical Treatment ☐ Person completing transfer packet (please print) ☐ Results not available at time of transfer

REFERRING FACILITY

☐ Aleda E. Lutz VA Medical Center, Saginaw
☐ Covenant Health Care, Saginaw
☐ Deckerville Community Hospital
☐ Harbor Beach Community Hospital
☐ Hills and Dales General Hospital, Cass City
☐ Marlette Regional Hospital
☐ McKenzie Health System, Sandusky
☐ McLaren Bay Region, Bay City
☐ McLaren Caro Region, Caro
☐ McLaren Central Michigan, Mt. Pleasant
☐ McLaren Thumb Region, Bad Axe
☐ Memorial Healthcare, Owosso
☐ MidMichigan Medical Center – Alpena
☐ MidMichigan Medical Center – Clare
☐ MidMichigan Medical Center – Gladwin
☐ MidMichigan Medical Center – Gratiot, Alma
☐ MidMichigan Medical Center – Midland
☐ MidMichigan Medical Center – West Branch
☐ Munson Healthcare Grayling Hospital
☐ Ostego Memorial Hospital, Gaylord
☐ Scheurer Hospital, Pigeon
☐ Sheridan Community Hospital, Sheridan
☐ St. Joseph Health Systems, Tawas City
☐ St. Mary's of Michigan, Saginaw
☐ St. Mary's of Michigan, Standish



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