McLaren Flint
Emergency Trauma Center

"PERMANENT PART OF THE MEDICAL RECORD DO NOT DISCARD"

REFERRING PHYSICIAN CALL SHEET

Date: / / Time: _____ a.m. / p.m.

Referring Doctor: _____

Patient: _____ male / female

Patient Information: _____

_____

_____

Admit: ❑ Yes ❑ No ❑ Unknown

If Admit, to whom: _____

Consults: _____

Lab / X-Ray Requests: _____

_____

Message Taken By: _____

"PERMANENT PART OF THE MEDICAL RECORD DO NOT DISCARD"

PT.

MR.#/RM.

DR.