

McLaren Print System Order

Order No: 69075
 Order Date: 2022-04-15
 User: Wendy Werner
 Phone: 9896735103

Ship Location: ATT. WENDY WERNER
 401 N. HOOPER ST
 CARO, MI 48723

Brochures
 Quantity: 1
 Paragon Dept No: 21600
 Dept Name: NURSING ADMIN
 Company Number: 1015

Order Total Price: 70.00

Item Number: Patient Transfer Envelope
 Item Description: Thumb Region Booklet Envelope
 Revision Date: 4/2021
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: 200 envelopes per order ss; color; Booklet Envelope; 9.5x12.625

PATIENT TRANSFER PACKET

<div style="background-color: #003366; color: white; padding: 2px; font-weight: bold; font-size: 0.8em;">CHECKLIST FOR INITIAL DISPATCH</div> <p style="font-size: 0.7em; margin-top: 5px;">WHEN YOU CALL, PLEASE HAVE THE FOLLOWING INFO AVAILABLE:</p> <p><input type="checkbox"/> PATIENT NAME <small>(or patient name)</small> _____</p> <p><input type="checkbox"/> REFERRING DOCTOR (FULL NAME) _____</p> <p><input type="checkbox"/> CALLER'S NAME/TITLE _____</p> <p><input type="checkbox"/> CALLER'S PHONE _____</p> <p><input type="checkbox"/> RECEIVING HOSPITAL/UNIT _____</p> <p><input type="checkbox"/> RECEIVING MD (FULL NAME) _____</p>	<div style="background-color: #003366; color: white; padding: 2px; font-weight: bold; font-size: 0.8em;">REFERRING FACILITY</div> <ul style="list-style-type: none"> <input type="checkbox"/> Ascis II, Linc (H) Medical Center, Saginaw <input type="checkbox"/> Coopers Health Care, Saginaw <input type="checkbox"/> Deckerle Community Hospital <input type="checkbox"/> Harbor Beach Community Hospital <input type="checkbox"/> Hill and Dale General Hospital, Cass City <input type="checkbox"/> Huron Regional Hospital <input type="checkbox"/> Jackson Health System, Sibley <input type="checkbox"/> McLaren Bay Region, Bay City <input type="checkbox"/> McLaren East Region, East <input type="checkbox"/> McLaren Central Michigan, MI Pleasant <input type="checkbox"/> McLaren Flint Region, Flint <input type="checkbox"/> McLaren HealthCare, Okemos <input type="checkbox"/> MacLennan Medical Center - Alpena <input type="checkbox"/> MacLennan Medical Center - Cass <input type="checkbox"/> MacLennan Medical Center - Gladwin <input type="checkbox"/> MacLennan Medical Center - Gladwin, Alpena <input type="checkbox"/> MacLennan Medical Center - Holland <input type="checkbox"/> MacLennan Medical Center - West Branch <input type="checkbox"/> Muscor Healthcare Grouping Hospital <input type="checkbox"/> Ochsner Medical Center, Saginaw <input type="checkbox"/> Schaefer Hospital, Saginaw <input type="checkbox"/> St. Joseph Health System, Tawas City <input type="checkbox"/> St. Mary's of Michigan, Saginaw <input type="checkbox"/> St. Mary's of Michigan, Standish 																									
<div style="background-color: #003366; color: white; padding: 2px; font-weight: bold; font-size: 0.8em;">CHECKLIST FOR INITIAL DISPATCH</div> <p style="font-size: 0.7em; margin-top: 5px;">WHEN YOU CALL, PLEASE HAVE THE FOLLOWING INFO AVAILABLE:</p> <table style="width: 100%; border-collapse: collapse; font-size: 0.7em;"> <tr> <td style="width: 60%;"><input type="checkbox"/> Insurance cards, both and both-- <small>for SPA, both health and auto</small></td> <td style="width: 10%; text-align: center;">None</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Transfer or ENTIRE sheet</td> <td style="text-align: center;">Lab</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hospital/Unit sheet</td> <td style="text-align: center;">CT Scan</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Personal record</td> <td style="text-align: center;">Cable Report</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> State hearing screen form</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="font-size: 0.7em; margin-top: 5px;">SIGNATURES:</p> <p><input type="checkbox"/> Patient or family -- Consent for Transportation of Patient for Medical Treatment</p> <p><input type="checkbox"/> Person completing transfer packet</p> <p style="text-align: center; font-size: 0.6em;">(Please print)</p> <p><input type="checkbox"/> Results not available at time of transfer</p>	<input type="checkbox"/> Insurance cards, both and both-- <small>for SPA, both health and auto</small>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transfer or ENTIRE sheet	Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hospital/Unit sheet	CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Personal record	Cable Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> State hearing screen form					<div style="text-align: center; margin-top: 20px;"> <p style="font-weight: bold; font-size: 0.8em; margin-top: 5px;">DOING WHAT'S BEST®</p> </div>
<input type="checkbox"/> Insurance cards, both and both-- <small>for SPA, both health and auto</small>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/> Transfer or ENTIRE sheet	Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/> Hospital/Unit sheet	CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/> Personal record	Cable Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/> State hearing screen form																										

Spec Info: