

**McLaren Print System Order**

Order No: 79687  
 Order Date: 2023-09-26  
 User: Tim Zurek  
 Phone: 9892699521

Ship Location: McLaren Thumb Region Emergency Room Attn: Tim  
 1100 S. Van Dyke Rd.  
 Bad Axe, MI 48731

Brochures  
 Quantity: 2  
 Paragon Dept No: 060  
 Dept Name: Emergency Room  
 Company Number: 530

Order Total Price: 140.00

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

PATIENT TRANSFER PACKET

CHECKLIST FOR INITIAL DISPATCH

WHEN YOU CALL, PLEASE HAVE THE FOLLOWING INFO AVAILABLE:

PATIENT NAME \_\_\_\_\_  
(or patient alias)

REFERRING DOCTOR (FULL NAME) \_\_\_\_\_

CALLER'S NAME/TITLE \_\_\_\_\_

CALLER'S PHONE \_\_\_\_\_

RECEIVING HOSPITAL/UNIT \_\_\_\_\_

RECEIVING MD (FULL NAME) \_\_\_\_\_

REFERRING FACILITY

- Atrium of Life Medical Center, Brighton
- Cassopolis Health Care, Brighton
- DeWittville Community Hospital
- Harbor Beach Community Hospital
- Hillandale Senior Center Hospital, Cass City
- Huron Regional Hospital
- Huron Health System, Sandusky
- McLaren Bay Region, Bay City
- McLaren East Region, East
- McLaren Central Michigan, MI, Pleasant
- McLaren Thumb Region, Bad Axe
- McLaren Healthcare, Chelsea
- MacLaren Medical Center - Alpena
- MacLaren Medical Center - Cass
- MacLaren Medical Center - Gladwin
- MacLaren Medical Center - Gladwin, Alma
- MacLaren Medical Center - Holland
- MacLaren Medical Center - West Branch
- Marquette Healthcare Imaging Hospital
- Ogemaw Memorial Hospital, Gaylord
- Schuette Hospital, Piquette
- Sheldahl Community Hospital, Sheldahl
- St. Joseph Health System, Tawas City
- St. Mary's of Michigan, Saginaw
- St. Mary's of Michigan, Standish

CHECKLIST FOR INITIAL DISPATCH

WHEN YOU CALL, PLEASE HAVE THE FOLLOWING INFO AVAILABLE:

<input type="checkbox"/> Insurance cards, front and back— for MA, both health and auto	MA/AY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Transfer or ENTBLK sheet	Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hospital/area 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"/>

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

DOING WHAT'S BEST®

Spec Info: Please send asap