

McLaren Print System Order

Order No: 81285 Reprint Previous Order No: 64700
 Order Date: 2023-11-28
 User: Sarah James
 Phone: 810-989-3155

Ship Location: McLaren Port Huron / EC- Attn: Sarah James
 1221 Pine Grove Ave
 Port Huron, Mich 48060

Forms

Quantity: 100
 Paragon Dept No: 21620
 Dept Name: Emergency Center
 Company Number: 480

Order Total Price: 66.62

Item Number: PHH 606
 Item Description: Body Disposition Form
 Revision Date: 1/2017
 Print: 2 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: 3 part; black; 2 sided; 8.5x11



PORT HURON
 1221 Pine Grove, Port Huron, MI 48060

Patient Identification

Body Disposition Form

Name _____

Infection Control Precautions Necessary Yes No (Indicates on back of form)

Infectious Disease Diagnosis _____

Attending Physician _____ Notified Yes No N/A (no attending physician)

Attending Physician's Phone and/or Pager no: _____

Physician/Nurse Pronouncing _____

Date of Death: ____/____/____ Time of Death: _____

Is This a Case For the Medical Examiner? Yes No Time Notified: _____

Location of Body: _____ Is Body Released Yes No

Has an autopsy been requested Yes No (if yes, fill out Authorization for Autopsy Form)

DONOR INFORMATION

TSM Notified (phone 1-888-452-4881) Yes No Time: _____ (if not TSM Form)

ALL DEATHS MUST BE REPORTED TO TSM

Is patient a potential organ/tissue donor? Yes No

If permission was not obtained, state reason: _____ Family refusal _____ Actual notice of patient refusal _____
 Other (Medical Examiner refusal, age, malignancy, infectious diseases) _____
 (Circle One)

Consented granted: Yes No

If yes, specify body parts: _____ Heart _____ Liver _____ Pancreas _____ Tissue/Bones
 _____ Lungs _____ Kidneys _____ Eyes _____ Entire Body

Signature of person granting consent: _____

Disposition of Patient's Valuables: Sent to Business Office None

Disposition of Personal Belongings: Please List: _____

Taken by Family To Funeral Home None

Signature of Person Receiving Belongings: _____ Date/Time: _____ Witness Signature: _____ Date/Time: _____

FUNERAL DIRECTOR ARRANGEMENTS and RECEIPT OF BODY

McLaren Port Huron is Herewith Authorized to Release the Body to:
 Funeral Home: _____ Telephone: _____

Signature of Witness Receiving Body: _____ Relationship: _____

Receipt of Body: Date: _____ Time: _____ AM / PM

Signature of Funeral Director/Designee: _____ Witness: _____



Body Disposition Form PHH 606 01/17

Distribution: Original to Clerk
 Copy to the Medical
 Copy to the Office