

Mclaren Print System Order

Order No: 81630 Reprint Previous Order No: 6894
Order Date: 2023-12-12
User: Danielle Anderson
Phone: 517-975-7154

Ship Location: McLaren Greater Lansing 5E ICU Attention: Danielle
2900 Collins Road
Lansing, MI 48910,

Forms
Quantity: 500
Paragon Dept No: 30271
Dept Name: 5E ICU
Company Number: 10

Order Total Price: 119.50

Item Number: MHC-CC0125
Item Description: EMTALA Patient Transfer Consent Form
Revision Date: 6/2022
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: 5 Hole Top
Misc Info: 2 pages - 2 part

PATIENT TRANSFER CONSENT FORM
SECTION TO BE COMPLETED BY THE PHYSICIAN
I. Patient Condition
Does the patient have an emergency medical condition?
Select One: Stable, Delaying for treatment, Unstable, Delaying treatment
II. Reason for Transfer
Select One: Patient or their Legal Representative requests the transfer, Specialized services necessary to treat the patient are not available at MHC facility, Patient's Personal Physician Request, Patient's Insurance Provider Requirement, On-Call Physician release/Referral is required, Other
III. Risks/Benefits of Transfer
I have explained the significant risks and benefits of transfer to: Patient, Legal Representative
Risks: Death, Delay in Treatment, Worsening of Patient's Medical Condition, Other
Benefits:
IV. Transfer Requirements - All Requirements Must be Met
Transferring Facility: MHC Facility, Department, Phone #
Transportation: Other, A/C's ambulance, M.C. ambulance, Helicopter, Fixed Wing Aircraft
Transporting Staff: Paramedic, EMT, Other
Medical Record: Available medical record prepared for transport with patient
Receiving Facility: Phone #
Receiving Physician accepting transfer of the patient
Receiving Facility has certified that the patient be taken upon arrival to: Emergency Department, Room #
V. Physician Certification
I have explained the significant risks and benefits of transferring care to the patient. I have contacted the Receiving Facility obtaining verbal confirmation of the patient to be transferred. I have confirmed with the Receiving Physician that there are qualified personnel and resources available to treat the patient. I have confirmed that the patient will be transferred by qualified personnel, except in situations where the patient chooses to self-transport.



01
01000
04