McLaren Business Products

McLaren Print System Order

Order No: 81656 Reprint Previous Order No: 6599
Order Date: 2023-12-13
User: Jennifer Wheeler
Phone: 9897795625

Ship Location: McLaren Central Michigan -- ATTN:Jennifer Wheeler
1523 S. Mission St
Mt. Pleasant , MI 48858
Forms
Quantity: 500
Paragon Dept No: 50664
Dept Name: McLaren Central Michigan
Company Number: 810

Order Total Price: 94.75

Item Number: MM-34488-D
Item Description: McLaren Occupational Health/Convenient Care Center Patient Discharge Instructions
Revision Date: 8/2019
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

MCLAREN OCCUPATIONAL HEALTH/CONVENIENT CARE CENTER
PATIENT DISCHARGE INSTRUCTIONS

TIME IN _____ TIME OUT _____

WOUND CARE

SPRAINS, STRAINS, BRUISES and FRACTURES

EYE INJURIES and INFECTIONS

OCCUPATIONAL MEDICINE
FIRST AID/RTP REPORT - RETURN TO WORK STATEMENT

Company Name _____

Treatment _____

Condition is _____ Work related _____ Not work related
_____ Undetermined

Referral Physician/Clinic _____

_____ Make appointment to be seen in _____ days
_____ Return here for follow up Date _____
Time _____

Patient may return to regular work/school/sports

_____ Today _____ Date

_____ Pending further evaluation and treatment as scheduled above

Patient may return to restricted work on _____

Work restrictions include (he/she)

_____ Bending
_____ Squatting
_____ Reaching
_____ Driving
_____ Climbing
_____ Walking
_____ Lifting
_____ Urinal
_____ Lifting restriction of _____ pounds
_____ Prolonged sitting
_____ Prolonged standing
_____ Pushing and pulling
_____ Right handed work
_____ Left handed work
_____ Patient on crutches
_____ Dust/fume exposure

_____ Patient is on total disability

Employee should give this information to he/her supervisor as soon as possible

GM employees should report to their GM Medical Department with this information within 24 hours

DIAGNOSIS _____

PRESCRIPTIONS and OTHER INSTRUCTIONS

PHYSICIAN'S SIGNATURE DATE/TIME

PRINT

ID PHYSICIAN'S NAME

IMPORTANT NOTE

I was given the opportunity to ask questions and I understand the instructions given to me. I hereby acknowledge receipt of the instructions above and realize that I may be released before all of my medical problems are known or treated. I will arrange for follow up care and provide this instruction sheet to that provider as instructed.

PATIENT'S SIGNATURE DATE

WHITE: Employee (work related visits only)
YELLOW: Medical Records
PINK: Patient

PATIENT DISCHARGE INSTRUCTIONS