

McLaren Print System Order

Order No: 81677
 Order Date: 2023-12-14
 User: Abby Gucwa
 Phone: 989-269-9521

Ship Location: **MCLAREN THUMB REGION**
 1100 S VAN DYKE RD
 BAD AXE, MI 48413,

Brochures
 Quantity: 1
 Paragon Dept No: TH21600
 Dept Name: EMERGENCY ROOM
 Company Number: 530

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:
 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

- Ann Arbor VA Medical Center, Brighton
- Cassopolis Health Care, Brighton
- DeWittville Community Hospital
- Eastern Branch Community Hospital
- Hills and Dunes General Hospital, East City
- Huron Regional Hospital
- Huron Health System, Sibley
- McLaren Bay Region, Bay City
- McLaren East Region, East
- McLaren Central Michigan, MI, Pleasant
- McLaren Thumb Region, Bad Axe
- McLaren Healthcare, Chelsea
- Walkington Medical Center - Alpena
- Walkington Medical Center - Cass
- Walkington Medical Center - Gladwin
- Walkington Medical Center - Gladwin, Area
- Walkington Medical Center - Midland
- Walkington Medical Center - West Branch
- Marquette Healthcare Imaging Hospital
- Ogemaw Memorial Hospital, Gaylord
- Schuette Hospital, Pigeon
- Shuster Community Hospital, Shuster
- St. Joseph Health System, Tawas City
- St. Mary's of MidMichigan, Saginaw
- St. Mary's of MidMichigan, 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 EMTALA 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	Current 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: ER