McLaren Business Products

McLaren Print System Order

Order No: 81849
Order Date: 2023-12-26
User: Jennifer Melcher
Phone: 989-779-5637

Ship Location: McLaren Central Michigan / Attn: Vickie Barkley -ED
1221 South Dr
Mt Pleasant, MI 48858

Forms
Quantity: 500
Paragon Dept No: 21600
Dept Name: Supply Chain Management
Company Number: 360

Order Total Price: 59.00

Item Number: 654-50
Item Description: Authorization For Transfer
Revision Date: 09/2020
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Poster:
Misc Info: 8.5x11 Black 2-Part

McLAREN HEALTH CARE CORPORATION (MHCC)

PATIENT TRANSFER CONSENT FORM

SECTION TO BE COMPLETED BY THE PHYSICIAN

I. Patient Condition

TO BE COMPLETED WHEN TRANSFERRING AN UNSTABLE PATIENT

II. Reason for Transfer

III. Risks/Benefits of Transfer

Spec Info:

IV. Transfer Requirements – All Requirements Must Be Met

V. Physician Certification

PATIENT TRANSFER CONSENT FORM