

McLaren Print System Order

Order No: 82506 Reprint Previous Order No: 6894
Order Date: 2024-01-22
User: Lori Dean
Phone: 517-975-3321

Ship Location: MGL- 6 East Attn: Lori Dean
2900 Collins Rd
Lansing, MI 48910

Forms
Quantity: 100
Paragon Dept No: 30291
Dept Name: 6 East
Company Number: 10

Order Total Price: 23.90

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 the 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 SMC 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.



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