PATIENT TRANSFER PACKET

CHECKLIST FOR INITIAL DISPATCH

WHEN YOU CAL		ΗΔΛΕ ΤΗΕ	FOLLOWING	ΙΝΕΟ ΑΥΔΙ	
WHEN TOO CAL	L, FLEASE		FULLOWING		LADLE.

PATII	ENT	NAM	ΛE:

	(or patient label)
□ REFERRING DOCTOR (FULL NAME):_	

CALLER'S NAME/TITLE:

CALLER'S PHONE:

RECEIVING HOSPITAL/UNIT:

RECEIVING MD (FULL NAME):

CHECKLIST FOR INITIAL DISPATCH

WHEN YOU CALL, PLEASE HAVE THE FOLLOWING INFO AVAILABLE:

□ Insurance cards, front and back—		YES	NO	N/A
for MVA, both health and auto	XRay			
Transfer or EMTALA sheet	Lab			
Hospital face sheet	CT Scan			
Prenatal record	Called Report			

 $\hfill\square$ State hearing screen form

PLEASE OBTAIN THE FOLLOWING SIGNATURES:

Detient or family — Consent for Transportation of Patient for Medical Treatment

Person completing transfer packet

(please print)

Results not available at time of transfer

REFERRING FACILITY

Aleda E. Lutz VA Medical Center, Saginaw
Covenant Health Care, Saginaw
Deckerville Community Hospital
Harbor Beach Community Hospital
Hills and Dales General Hospital, Cass City
Marlette Regional Hospital
McKenzie Health System, Sandusky
McLaren Bay Region, Bay City
McLaren Caro Region, Caro
McLaren Central Michigan, Mt. Pleasant
McLaren Thumb Region, Bad Axe
Memorial Healthcare, Owosso
MidMichigan Medical Center – Alpena
MidMichigan Medical Center – Clare
MidMichigan Medical Center – Gladwin
MidMichigan Medical Center – Gratiot, Alma
MidMichigan Medical Center – Midland
MidMichigan Medical Center – West Branch
Munson Healthcare Grayling Hospital
Ostego Memorial Hospital, Gaylord
Scheurer Hospital, Pigeon
Sheridan Community Hospital, Sheridan
St. Joseph Health Systems, Tawas City
St. Mary's of Michigan, Saginaw
St. Mary's of Michigan, Standish

