

McLaren Print System Order

Order No: 86300
Order Date: 2024-06-17
Order Request Date:
User: Teresa Wenzlick
Phone: 9897795692

Ship Location: McLaren Comp and Readycare
1523 S, Mission St.
Mt. Pleasant, MI 48858

Brochures
Quantity: 500
Paragon Dept No: 55802
Dept Name: Mt. Pleasant
Company Number:

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
Poster:
Misc Info:

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MCLAREN OCCUPATIONAL HEALTH/CONVENIENT CARE CENTER
PATIENT DISCHARGE INSTRUCTIONS

TIME IN _____ TIME OUT _____

WOUND CARE

- See your doctor/clinic or go to the Emergency Department for any of the following:
 - Sign of infection (redness, swelling, pus, pain, fever, or other signs)
 - Worsening
 - Increasing redness, swelling, or tenderness of the wound/leg
 - Worsening pain
 - Worsening drainage
 - Worsening odor
 - Worsening color
 - Worsening temperature
 - Worsening sensation
 - Worsening function
 - Worsening appearance
 - Worsening overall health

GENERAL INSTRUCTIONS

- Read the patient part for 1-3 days
- Do not return to work until you are cleared by your doctor/clinic
- Do not drive until you are cleared by your doctor/clinic
- Do not get your car until you are cleared by your doctor/clinic
- See your doctor/clinic immediately or go to the Emergency Department if you have any of the following:
 - Worsening pain
 - Worsening drainage
 - Worsening odor
 - Worsening color
 - Worsening temperature
 - Worsening sensation
 - Worsening function
 - Worsening appearance
 - Worsening overall health

PRESCRIPTIONS and OTHER INSTRUCTIONS

- Take your medicine as directed
- Do not stop taking your medicine unless you are told to do so by your doctor/clinic
- Do not get your car until you are cleared by your doctor/clinic
- See your doctor/clinic immediately or go to the Emergency Department if you have any of the following:
 - Worsening pain
 - Worsening drainage
 - Worsening odor
 - Worsening color
 - Worsening temperature
 - Worsening sensation
 - Worsening function
 - Worsening appearance
 - Worsening overall health

IMPORTANT NOTE

With the resolution of Occupational Care visits, this center is intended to provide specific care for your convenience. The examination and treatment that you have received here is not intended to be a substitute or replacement for complete medical care. We encourage you to report this information to your doctor/clinic and follow up with your doctor/clinic as directed.

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

PATIENT'S SIGNATURE _____ DATE _____

WENTZLICK, Teresa Wenzlick
PHYSICIAN
48858-0000

PATIENT'S NAME _____
DATE OF BIRTH _____

PHYSICIAN'S NAME _____
DATE _____

MCLAREN OCCUPATIONAL HEALTH/CONVENIENT CARE CENTER

Spec Info: