

McLaren Print System Order

Order No: 87779
Order Date: 2024-08-30
User: Luai Fakhoury
Phone: 9892691528

Ship Location: 1100 S. Van Dyke Rd
Emergency Department
Bad Axe, Michigan 48413

Brochures
Quantity: 1
Paragon Dept No: 21600
Dept Name: Emergency Department
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

<h4>CHECKLIST FOR INITIAL DISPATCH</h4> <p>WHEN YOU CALL, PLEASE HAVE THE FOLLOWING INFO AVAILABLE:</p> <p><input type="checkbox"/> PATIENT NAME _____ (or patient listed)</p> <p><input type="checkbox"/> REFERRING DOCTOR (FULL NAME) _____</p> <p><input type="checkbox"/> CALLER'S NAME/TITLE _____</p> <p><input type="checkbox"/> CALLER'S PHONE _____</p> <p><input type="checkbox"/> RECEIVING HOSPITAL/UNIT _____</p> <p><input type="checkbox"/> RECEIVING MD (FULL NAME) _____</p>	<h4>REFERRING FACILITY</h4> <ul style="list-style-type: none"><input type="checkbox"/> Area 01, Luthin Medical Center, Saginaw<input type="checkbox"/> Cassopolis Health Care, Saginaw<input type="checkbox"/> DeWittville Community Hospital<input type="checkbox"/> Harbor Beach Community Hospital<input type="checkbox"/> Hillandale Senior Center Hospital, Cass City<input type="checkbox"/> Huron Regional Hospital<input type="checkbox"/> Midstate Health System, Searsville<input type="checkbox"/> McLaren Bay Region, Bay City<input type="checkbox"/> McLaren East Region, East<input type="checkbox"/> McLaren Central Michigan, MI, Pleasant<input type="checkbox"/> McLaren Thumb Region, Bad Axe<input type="checkbox"/> McLaren Healthcare, Cheboygan<input type="checkbox"/> McLaren Medical Center - Alpena<input type="checkbox"/> McLaren Medical Center - Cass<input type="checkbox"/> McLaren Medical Center - Gladwin<input type="checkbox"/> McLaren Medical Center - Gladwin, Area<input type="checkbox"/> McLaren Medical Center - Midland<input type="checkbox"/> McLaren Medical Center - West Branch<input type="checkbox"/> McLaren Healthcare Saginaw Hospital<input type="checkbox"/> Ogemaw Memorial Hospital, Gaylord<input type="checkbox"/> Scharlau Hospital, Pigeon<input type="checkbox"/> Shandon Community Hospital, Shandon<input type="checkbox"/> St. Joseph Health System, Tawas City<input type="checkbox"/> St. Mary's of Michigan, Saginaw<input type="checkbox"/> St. Mary's of Michigan, Standish																				
<h4>CHECKLIST FOR INITIAL DISPATCH</h4> <p>WHEN YOU CALL, PLEASE HAVE THE FOLLOWING INFO AVAILABLE:</p> <table border="0"><tr><td><input type="checkbox"/> Insurance cards, front and back— for MA, both health and auto</td><td>MA#</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Transfer or EMTALA sheet</td><td>Lab</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Hospital/area sheet</td><td>CT Scan</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Personal record</td><td>Cable Report</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> <p><input type="checkbox"/> Preparing order form</p> <p>PLEASE OBTAIN THE FOLLOWING SIGNATURES:</p> <p><input type="checkbox"/> Patient or family — Consent for Transportation of Patient for Medical Treatment</p> <p><input type="checkbox"/> Person completing transfer packet</p> <p>_____ (please print)</p> <p><input type="checkbox"/> Results not available at time of transfer</p>	<input type="checkbox"/> Insurance cards, front and back— for MA, both health and auto	MA#	<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	Cable Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	 DOING WHAT'S BEST®
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<input type="checkbox"/> Personal record	Cable Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	

Spec Info: