

McLaren Print System Order

Order No: 89003
 Order Date: 2024-10-15
 Order Request Date:
 User:
 Phone: 231-627-1302

Ship Location: McLaren Cheboygan ER
 748 S Main
 Cheboygan , MI 49721

Brochures
 Quantity: 5
 Paragon Dept No: 21600
 Dept Name: McLaren Cheboygan ER
 Company Number:

Order Total Price: 205.00

Item Number: MHCC-703
 Item Description: Patient Transfer Packet Envelope
 Revision Date: 08/2023
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: 100 envelopes per order ss; color; Booklet Envelope; 9.5x12.625

PATIENT TRANSFER PACKET

CHECKLIST FOR INITIAL DISPATCH

WHEN YOU CALL, PLEASE HAVE THE FOLLOWING INFO AVAILABLE:

HMO/ID# (HMO) _____ (or patient ID#)

REFERRING DOCTOR (FULL NAME) _____

CALLER'S NAME/TITLE _____

CALLER'S PHONE _____

RECEIVING HOSPITAL/UNIT _____

RECEIVING MD (FULL NAME) _____

REFERRING FACILITY

- Health II - Linc (H) Medical Center - Houghton
- Coonsecum Health Clinic - Houghton
- DeWittville Community Hospital
- Harbor Beach Community Hospital
- Hills and Dunes Regional Hospital - Cass City
- Huron Regional Hospital
- Huron Health Systems - Nantuxy
- McLaren Bay Region - Bay City
- McLaren Oak Region - Oak
- McLaren Central Michigan - MI -Flint
- McLaren Flint Region - Flint
- McLaren HealthCare - Okemos
- WellSpring Medical Center - Okemos
- WellSpring Medical Center - Cass
- WellSpring Medical Center - Frankenmuth
- WellSpring Medical Center - Gaylord - Alpena
- WellSpring Medical Center - Holland
- WellSpring Medical Center - Iron Branch
- WellSpring Medical Center - Saginaw
- WellSpring Medical Center - Sibley
- WellSpring Medical Center - Tawas City
- WellSpring Medical Center - Tawas
- WellSpring Medical Center - Tawas Island

CHECKLIST FOR INITIAL DISPATCH

WHEN YOU CALL, PLEASE HAVE THE FOLLOWING INFO AVAILABLE:

<input type="checkbox"/> Insurance details, Insured and Insured - for ID#s, both health and auto	HMO	ID#	N/A
<input type="checkbox"/> Transfer or EMERGENCY sheet	N/A	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hospital Bed sheet	CT Scan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Potential record	Chest Report	<input type="checkbox"/>	<input type="checkbox"/>

Back-feeding screen form

PLEASE OBTAIN THE FOLLOWING SIGNATURES:

Patient or family - Consent for Transportation of Patient for Medical Treatment

Person completing transfer packet

(When printed)

Results not available at time of transfer

Spec Info: Deliver to the ER