

McLaren Print System Order

Order No: 89802
Order Date: 2024-11-11
User: Racquel Garza
Phone: 517-975-7315

Ship Location: McLaren Greater Lansing- ED Attn: Racquel Garza
2900 Collins Road
Lansing MI,48910

Brochures
Quantity: 500
Paragon Dept No: 21600
Dept Name: MGL-Emergency Department
Company Number: LAN10

Order Total Price:

Item Number: MHC-CC0125
Item Description: EMTALA Patient Transfer Consent Form
Revision Date: 6/2022
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info:

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, Delivery Not Imminent, Unstable, Delivery Imminent
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 MHC Facility, etc.
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
IV. Transfer Requirements - All Requirements Must Be Met
Transferring Facility: MHC Facility, Department, Phone #
Transportation: Other, A/C's ambulance, M.U. 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 acceptance 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.
Physician Signature, Printed Physician Name, Date, Time
MHC-CC0125
Appendix 1 E
MHC-MS-416
Page 1 of 2
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