

McLaren Print System Order

Order No: 91368
Order Date: 2025-01-09
User: Jennifer Melcher
Phone: 989-779-5637

Ship Location: McLaren Central Michigan / Attn: Emergency Department
1221 South Dr
Mt Pleasant, MI 48858

Form
Quantity: 2500
Paragon Dept No: 21600
Dept Name: Supply Chain Management
Company Number:

Order Total Price: 570.50

Item Number: MHC-CC0125
Item Description: EMTALA Patient Transfer Consent Form
Revision Date: 6/2022
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: 5 Hole Top
Poster:
Misc Info: 2 pages - 2 part

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, Specify, Patient's Personal Physician Request, Patient's Insurance Provider Requirement, On-Call Physician refused/failed to respond, None/Contact Information, Other
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
IV. Transfer Requirements - All Requirements Must be Met
Transferring Facility: MHC Facility, Department, Phone #
Transportation: Other, A/C's ambulance, M.C. 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 directed 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's care transfer. 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
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Appendix 1 E
MHC-MS-416
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Spec Info: Original Poster Size