

McLaren Print System Order

Order No: 41682 Reprint Previous Order No: 20687
Order Date: 2019-01-07
User: Alicia Mullett
Phone: 9893932850

Ship Location: MCLAREN OCCUPATIONAL HEALTH
4 Columbus Ave; suite 140
BAY CITY, MI 48708

Forms

Quantity: 500
Paragon Dept No: 65100
Dept Name:
Company Number: 810

Order Total Price: 0.00

Item Number: 17418-L (LAPEER FORM)
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 7/2016
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: THIS FORM IS FOR USE BY LAPEER OCC HEALTH ONLY

McLAREN HEALTHCARE
Authorization to Release Information
Patient Name, Address, Phone Number, Medical Record Number, Date of Birth, Sex, Race, Ethnicity, Religion, Marital Status, Social Security Number, Insurance Information, Referring Physician, Date of Referral, Date of Service, Specific type of information to be disclosed, Sensitive information to be disclosed, Consent to release Entire Medical Record, Date(s) of Service, Signature, Date



Signature line with date field