

McLaren Print System Order

Order No: 43169 Reprint Previous Order No: 5564
Order Date: 2019-02-26
User: Dawn Caspers
Phone: 248-674-0388

Ship Location: Attn Dawn Caspers
4000 Highland Rd Suite 114
Waterford , MI 48328

Forms

Quantity: 1000
Paragon Dept No: 73050
Dept Name:
Company Number: 810

Order Total Price: 113.00

Item Number: M-3379
Item Description: Verification of Office Visit Return to Work / School Statement
Revision Date: 4/2012
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group
VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT

Date ____ / ____ / ____ Patient name _____

Employer/School (name) _____

The above named patient may return to work/school on ____ / ____ / ____

Work status

- Full duty
- Light duty
- No work

Restricted activity

- Yes
- No

Comments _____

Physician

D.O. / M.D.

VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT

FORM 4102 04/12 04/12 04/12 04/12 04/12 04/12 04/12 04/12 04/12