

McLaren Print System Order

Order No: 44064 Reprint Previous Order No: 5564
Order Date: 2019-03-29
User: Angela DeLaRosa
Phone: 9893164262

Ship Location: McLaren Bay Primary Care
4 Columbus Ave, Suite 380
Bay City, MI 48708

Forms

Quantity: 500
Paragon Dept No: 69050
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 59.00

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.