

McLaren Print System Order

Order No: 46912 Reprint Previous Order No: 5564
Order Date: 2019-07-11
User: Alicia Mullett
Phone: 9893932850

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

Forms

Quantity: 100
Paragon Dept No: 65100
Dept Name:
Company Number: 810

Order Total Price: 11.80

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 4100 06/16 000001 0001 0000 0000 0000 0000