

McLaren Print System Order

Order No: 47740 Reprint Previous Order No: 5564
Order Date: 2019-08-14
User: Jenna DeRieu
Phone: 586-493-3297

Ship Location: McLaren Macomb Neurology - Attn: Jenna
1030 Harrington Ste LL01
Mount Clemens, MI 48043

Forms

Quantity: 500
Paragon Dept No: 72250
Dept Name: McLaren Macomb Neurology
Company Number: 810

Order Total Price: 60.25

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: 2 Hole Top
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 08/19 08/19 08/19 08/19 08/19 08/19 08/19 08/19 08/19