

McLaren Print System Order

Order No: 49223 Reprint Previous Order No: 5564
Order Date: 2019-10-03
User: Tracy Spencer
Phone: 5869788010

Ship Location: McLaren Sterling Heights Pediatric and Family Medicine
35111 Dodge Park
Sterling Heights, MI 48312

Forms

Quantity: 1000
Paragon Dept No: 72550
Dept Name: McLaren Sterling Heights Pediatric and Family Medicine
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 0001 0001 0001 0001 0001 0001 0001 0001