

McLaren Print System Order

Order No: 51783 Reprint Previous Order No: 26021
Order Date: 2020-01-20
User: brandy wakefield
Phone: 5862864880

Ship Location: McLaren Macomb Womens Health
51086 Fairchild
Chesterfield, Michigan 48051

Forms

Quantity: 100
Paragon Dept No: 72100
Dept Name: McLaren Macomb Womens Health
Company Number: 260

Order Total Price: 23.40

Item Number: MO-3379
Item Description: Verification of Office Visit - Return to Work, School Statement
Revision Date: 3/2017
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: 2 part

McLaren Macomb
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: _____

Sincerely,

D.O. / M.D.

DATE TO ORDER

Patient Name