

**McLaren Print System Order**

**Order No: 52398 Reprint Previous Order No: 45839**  
**Order Date: 2020-02-06**  
**User: Katie Jacobs**  
**Phone: 9893457000**

**Ship Location: Evergreen Clinic-Erin Deland**  
**611 Court Street Clinic**  
**West Branch, MI 48661**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 69680**  
**Dept Name: McLaren**  
**Company Number: 810**

**Order Total Price: 64.00**

**Item Number: MM-396**  
**Item Description: Work Restrictions Woodland**  
**Revision Date: 5/2019**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: Padded (50 Sheets Per Pad)**  
**Drill: None**  
**Misc Info: ss; 2 part; black and white; finished size 5.5x8.5; please order in increments 2 pads**

**WOODLAND HEALTHCARE SERVICES, PC**

**EVERGREEN CLINIC**  
611 Court Street  
West Branch, MI 48661  
989-345-7000

**COURT STREET CLINIC**  
621 Court Street  
West Branch, MI 48661  
989-345-0100

		DATE
TO WHOM IT MAY CONCERN: This is to certify that		
_____		
has been under my professional care and I recommend:		
1. NO restrictions in activity as of today, or _____		
DATE		
2. PATIENT HAS FOLLOWING RESTRICTIONS WHICH ARE FELT MAY AFFECT WORK STATUS		ESTIMATED DURATION
_____		_____
_____		_____
_____		_____
COMMENTS		
_____		
_____		
		PHYSICIAN/PROVIDER SIGNATURE
		X