

McLaren Print System Order

Order No: 54978 Reprint Previous Order No: 6293
Order Date: 2020-06-25
User: Shannon Pierce
Phone: 8106677040

Ship Location: Lapeer Occupational Health
1181 S Lapeer Rd
Lapeer, MI 48446

Forms

Quantity: 1000
Paragon Dept No: 65100
Dept Name: Lapeer Occ Health
Company Number: 810

Order Total Price: 0.00

Item Number: 17418
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 4/28/2015
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information
Patient Name, Ethnicity, Medical Record Number, Address, Phone Number, Insurance/Other Payers, I authorize to release to, Specific type of information to be disclosed, Sensitive information to be disclosed, Consent to release, Date(s) of Service, Please continue to the other side of this form for Acknowledgements and signatures.