

McLaren Print System Order

Order No: 56280 Reprint Previous Order No: 9244
Order Date: 2020-08-25
User: Lyna Havalda
Phone: 3422203

Ship Location:
401 S Ballenger Hwy
Flint, Mi 48507

Forms
Quantity: 100
Paragon Dept No: 23012
Dept Name: 2C
Company Number: 60

Order Total Price: 0.00

Item Number: 17446
Item Description: Body Release
Revision Date: 8/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

FLINT **BODY RELEASE**

Date and Time Pronounced _____ a.m. /p.m.

The above indicated health care facility is authorized to release the body of _____
to the _____
Funeral Home from _____ (City) _____ (State)

Please giving authorization:

Signature of Health Care Provider _____	Relationship to patient _____
Name _____	Date _____ Time _____ a.m. /p.m.
Title _____	Signature of Releasee _____
	Signature of Releasee _____

Verbalized given to family/significant other:

- _____
- _____
- _____
- _____

Received by _____ Date _____ Time _____ a.m. /p.m. Relationship _____
Witness _____

The body of _____ has been received with the following articles at the time of release:

- 1 Dentures - Upper _____ Lower _____
- 2 _____
- 3 _____
- 4 _____

HAZARDS OR PRECAUTIONS TO USE IN ADDITION TO STANDARD PRECAUTIONS:
Droplet / Contact / Airborne

Signature of funeral home representative _____ Date _____ Time _____ a.m. /p.m. _____ (City)

Please responsible for returning body and casket _____ Subject _____ (Funeral Home)

E.R. Death with OPR DCA Inpatient
Medical Examiner's Case? Yes No
Autopsy Performed? Yes No (See Autopsy Form)

BODY RELEASE **8006**

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2020-08-25
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