

McLaren Print System Order

Order No: 5932
Order Date: 2014-09-22
User: becky morris
Phone: 517-975-3800

Ship Location: McLaren Greater Lansing Okemos Community Medical Center
2104 Jolly Rd Ste 240
Okemos, MI 48864

Forms
Quantity: 100
Paragon Dept No: 67100
Dept Name: McLaren Greater Lansing Okemos Community Medical Center
Company Number: 810

Order Total Price: 11.70

Form Number: M-3379
Form 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

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 _____

Sincerely, _____ D.O. / M.D.

