

McLaren Print System Order

Order No: 6661
Order Date: 2014-10-22
User: Rebecca Colburn
Phone: 810 496-2507

Ship Location: Fenton Admin / Rebecca
2420 Owen Rd.
Fenton , MI 48430

Forms

Quantity: 500
Paragon Dept No: 64000
Dept Name: 64000
Company Number: 810

Order Total Price: 58.50

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

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 _____

Physician _____ D.O. / M.D.