

**McLaren Print System Order**

**Order No: 8309 Reprint Previous Order No: 5259**  
**Order Date: 2015-01-20**  
**User: Diana Garver**  
**Phone: 989-386-8170**

**Ship Location: Clare Clinic-Attn: Kimberlee**  
**1509 N. McEwan**  
**Clare, MI 48617**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 75075**  
**Dept Name: Clare Clinic**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-31**  
**Item Description: PCMH Patient and Physician Agreement**  
**Revision Date: 10/2013**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info:**



**Patient Centered Medical Home  
Patient and Physician Agreement**

I have received the Patient Centered Medical Home brochure describing this model of care, what I can expect from my physicians, and what is expected of me.

My physician has discussed the details of Patient Centered Medical Home with me and has answered all of my questions.

_____ Patient Signature	_____ Date
_____ Printed Patient Name	_____ Birth Date
_____ Parent/Guardian	_____ Date
_____ Physician Signature	_____ Date
_____ Printed Physician Name	