

McLaren Print System Order

Order No: 9102
Order Date: 2015-02-16
User: Victoria Gervais
Phone: 810-342-5605

Ship Location: Family Medicine Residency ATTN: Shownn Blackmer
G 3230 Beecher Rd., Suite 1
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 60080
Dept Name: Family Medicine
Company Number: 60

Order Total Price: 58.50

Item Number: M-3379-A
Item Description: Verification of Office Visit Return to Work / School Statment
Revision Date: 12/2014
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Family Medicine Residency
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.



VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT
MAIL TO: ORDER CENTER
10000 - MEDICAL RESIDENCY
FLINT, MI 48532