

**McLaren Print System Order**

**Order No: 17134 Reprint Previous Order No: 12409**  
**Order Date: 2016-02-18**  
**User: Amy Vincent**  
**Phone: 810-342-4815**

**Ship Location: McLaren Imaging Center - Flint**  
**501 s. Ballenger Hwy. Suite B**  
**Flint , MI**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 32011**  
**Dept Name: McLaren Imaging Center - Flint**  
**Company Number: 60**

**Order Total Price: 0.00**

**Item Number: M-34584-D**  
**Item Description: Authorization to Release Radiology Records**  
**Revision Date: 7/2015**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold: None**  
**Finish:**  
**Drill: None**  
**Misc Info:**



MRI

**AUTHORIZATION TO RELEASE RADIOLOGY RECORDS**

To: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**To Radiology Records:**

I authorize you to forward my films or disc and reports to McLaren MRI.  
Thank you.

Signed: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Last Exam Date: \_\_\_\_\_

Please mail to: 6779 Dixie Hwy., Suite 107  
Clarkston, MI 48346  
Ph: (248) 625-7506  
Fax: (248) 625-7884

**AUTHORIZATION TO RELEASE  
RADIOLOGY RECORDS**



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