

McLaren Print System Order

Order No: 43638 Reprint Previous Order No: 5564
Order Date: 2019-03-18
User: McCorry Debbie
Phone: 77357

Ship Location: McLaren Lapeer Region Community Medical Center Debbie
1254 Main
Lapeer, MI 48446

Forms

Quantity: 2500
Paragon Dept No: 65000
Dept Name: McLaren Lapeer Region Community Medical Center
Company Number: 810

Order Total Price: 280.50

Item Number: M-3379
Item 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
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.

VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT

FORM 4102 04/12 0001 0001 0001 0001 0001 0001 0001 0001