

McLaren Print System Order

Order No: 43961 Reprint Previous Order No: 5227

Order Date: 2019-03-27 User: Autumn Scherzer Phone: 989-895-4648

Ship Location: East Medical Mall- Bay Regional Pediatrics Attn: Autumn

1456 W. Center Rd, Suite 1 Essexville, Michigan 48732

Forms Quantity: 500

Paragon Dept No: 69640 Dept Name: Bay Pediatrics Company Number: 810

Order Total Price: 0.00

Item Number: MM-14

Item Description: Appointed Responsibility for Minors Care

Revision Date: 3/2007

Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11 Fold: None Finish: None Drill: None Misc Info:

McLaren Medical Group			
APPOINTED RESPONSIBILITY FOR MINOR'S CARE			
(Name of Parent)	fether/mother/fegal guardian of		
Name of Patients	to hereby permit (Name of Appointed Representative)		
financial and medical, for all decisions made to	for the identified gatent above. I accept responsibility by the representative I have appointed on this tiom. I also the medical care authorized by my appointed representative.		
MoLeren may rely upon this Appointment form, unless I advise office differently by written statement.			
Signature of Parent / Lagai Guardian	rr		
Dignature of Appointed Representative	rr		

		Assertance
		14 (18)
N + (N7)	APPOINTED RESPONSIBILITY FOR MINOR'S CARE	