

**McLaren Print System Order**

**Order No: 48624 Reprint Previous Order No: 5564**  
**Order Date: 2019-09-13**  
**User: TINA PLAUTZ**  
**Phone: 248-674-2259**

**Ship Location: MCLREN OAKLAND WATERFORD MEDICAL ASSOCIATES**  
**5210 Highland Rd, Suite 201**  
**WATERFORD, MI 48327**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 73000**  
**Dept Name: Waterford Medical Associates**  
**Company Number: 810**

**Order Total Price: 59.00**

**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.

Signature

Signature  
Date