McLaren Business Products

McLaren Print System Order

Order No: 49367 Reprint Previous Order No: 6293
Order Date: 2019-10-10
User: Melissa Hayes
Phone: 9899535305

Ship Location: Melissa Hayes
3520 N. Woodruff Rd, PO Box 36
Weidman, Michigan 48893
Forms
Quantity: 100
Paragon Dept No: 810530455566430
Dept Name: Central Region
Company Number: 810

Order Total Price: 0.00

Item Number: 17418
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 4/28/2015
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information

I authorize ____ to release to ____

Specific type of information to be disclosed: Date(s) of Service:_____

Sensitive information to be disclosed: Date(s) of Service:

☐ Consent to release Entire Medical Record, for dates of service listed, including all information noted above:

Date(s) of Service:_____

Please continue to the otherside of this form for Acknowledgements and signatures.