

McLaren Print System Order

Order No: 51544 Reprint Previous Order No: 5564
Order Date: 2020-01-08
User: Angela DeLaRosa
Phone: 9893932714

Ship Location: McLaren Bay Primary Care Attn Angela DeLaRosa
4 Columbus Ave, Suite 380
Bay City, MI 48708

Forms

Quantity: 500
Paragon Dept No: 69050
Dept Name: McLaren Medical Group
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