

McLaren Print System Order

Order No: 52682 Reprint Previous Order No: 26021
Order Date: 2020-02-18
User: Tracy Spencer
Phone: 586-493-3732

Ship Location: McLaren Clinton Twp Pediatrics /Attn Tracy
22500 Metropolitan Parkway Ste 201
Clinton Twp, MI 48035

Forms

Quantity: 1000
Paragon Dept No: 72600
Dept Name: McLaren Clinton Twp Peds
Company Number: 260

Order Total Price: 224.00

Item Number: MO-3379
Item Description: Verification of Office Visit - Return to Work, School Statement
Revision Date: 3/2017
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: 2 part

McLaren Macomb
**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: _____

Sincerely, _____ D.O. / M.D.

VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT

MCCLAREN MACOMB MAIL - RECEIPT COPY MAIL - MEDICAL RECORDS