

McLaren Print System Order

Order No: 55133
Order Date: 2020-06-30
User: Shownn Blackmer
Phone: Medical Education Building

Ship Location: Shownn Blackmer
G-3230 Beecher Rd, Suite 1
Flint, Michigan 48532

Forms

Quantity: 500
Paragon Dept No: 60030
Dept Name: McLaren Internal Medicine Residency Center
Company Number: 60

Order Total Price: 59.00

Item Number: M-3379-A
Item Description: Verification of Office Visit Return to Work / School Statement
Revision Date: 12/2014
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Family Medicine Residency
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.

Spec Info:



VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT
MAIL TO: MEDICAL CENTER
1000 E. HURON
FLINT, MI 48532

