McLaren Business Products

McLaren Print System Order

Order No: 58925 Reprint Previous Order No: 6293
Order Date: 2020-12-10
User: MICHELLE GALATI
Phone: 5867254604

Ship Location: McLaren Womens Health Chesterfield
51086 Fairchild Rd
Chesterfield, Michigan 48051
Forms
Quantity: 100
Paragon Dept No: 72000
Dept Name: McLaren Womens Health Chesterfield
Company Number: 260

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.