McLaren Print System Order

Order No: 59635 Reprint Previous Order No: 6293
Order Date: 2021-01-13
User: Kimberly Smirnes
Phone: 586-466-4810

Ship Location: McLaren Macomb Heart Rhythm Treatment Center
21550 Harrington Blvd., Suite C
Clinton Township, MI 48036
Forms
Quantity: 100
Paragon Dept No: 72400
Dept Name: McLaren Macomb Heart Rhythm Treatment Center
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.

AUTHORIZATION TO RELEASE INFORMATION

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