

McLaren Print System Order

Order No: 62609 Reprint Previous Order No: 5227 Order Date: 2021-05-27 User: Shannon Pierce Phone: 8106677040

Ship Location: Lapeer Occupational Health 1181 S Lapeer Rd Lapeer, Michigan 48446

Forms Quantity: 100 Paragon Dept No: 65100 Dept Name: Lapeer Occupational Health Company Number: 810

Order Total Price: 0.00

Item Number: MM-14 Item Description: Appointed Responsibility for Minors Care Revision Date: 3/2007 Print: 1 sided black and white Paper: 20# White Text Size: 8.5 x 11 Fold: None Finish: None Drill: None Misc Info:

McLaren Medical Group

APPOINTED RESPONSIBILITY FOR WHOR'S CARE

to act in my behalf in authorizing medical care for the destitute patient above. I accept responsibility financial and medical, for all destinon made by the representative linear appointed an first time. Lates early action against MuLaren mideling for the medical care authorized by my appointed representative in the medical care.

McLaren may rely upon this Apportment form, unless I advise office differently by written statement.

Signature of Panent / Lagai Guardian

Egnature of Appointed Representative

_____ r _____ r _____

Appointed responses
