



McLaren Print System Order

Order No: 5747

Order Date: 2014-09-12 User: Angela Kivisto

Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa

615 S Euclid, Bay City, MI 48706

Forms

Quantity: 500

Paragon Dept No: 69300

Dept Name: McLaren Medical Group

Company Number: 810

Order Total Price: 0.00

Form Number: MM-31

Form Description: PCMH Patient and Physician Agreement

Revision Date: 10/2013 Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11 Fold:

Finish: None Drill: None



Patient Centered Medical Home Patient and Physician Agreement

I have received the Patient Centered Medical Home brochure describing this model of care, what I can expect from my physicians, and what is expected of me.

My physician has discussed the details of Patient Centered Medical Home with me and has answered all of my questions.

Patient Signature	Diste
Printed Patient Name	Birth Date
Panent/Guardian	Date
Trysician Signature	Date

WHIP OF