

McLaren Print System Order

Order No: 8567 Reprint Previous Order No: 5259
Order Date: 2015-01-27
User: Michele Lubick
Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele
16700 21 Mile Rd., Suite 101
Macomb, MI 48044

Forms

Quantity: 100
Paragon Dept No: 71600
Dept Name: McLaren Macomb Family Medicine
Company Number: 810

Order Total Price: 0.00

Item Number: MM-31
Item 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
Misc Info:



**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	_____ Date
_____ Printed Patient Name	_____ Birth Date
_____ Parent/Guardian	_____ Date
_____ Physician Signature	_____ Date
_____ Printed Physician Name	