

**McLaren Print System Order**

**Order No: 9626 Reprint Previous Order No: 5259**  
**Order Date: 2015-03-05**  
**User: Angela DeLaRosa**  
**Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705**

**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**

**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.

|                                 |                     |
|---------------------------------|---------------------|
| _____<br>Patient Signature      | _____<br>Date       |
| _____<br>Printed Patient Name   | _____<br>Birth Date |
| _____<br>Parent/Guardian        | _____<br>Date       |
| _____<br>Physician Signature    | _____<br>Date       |
| _____<br>Printed Physician Name |                     |