

**McLaren Print System Order**

**Order No: 42150 Reprint Previous Order No: 5564**  
**Order Date: 2019-01-23**  
**User: Alicia Mullett**  
**Phone: 9893932850**

**Ship Location: MCLAREN OCCUPATIONAL HEALTH**  
**4 Columbus Ave; suite 140**  
**BAY CITY, MI 48708**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 65100**  
**Dept Name:**  
**Company Number: 810**

**Order Total Price: 11.80**

**Item Number: M-3379**  
**Item Description: Verification of Office Visit Return to Work / School Statement**  
**Revision Date: 4/2012**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

McLaren Medical Group  
**VERIFICATION OF OFFICE VISIT  
RETURN TO WORK/SCHOOL STATEMENT**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Patient name \_\_\_\_\_

Employer/School (name) \_\_\_\_\_

The above named patient may return to work/school on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Work status

- Full duty
- Light duty
- No work

Restricted activity

- Yes
- No

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician

D.O. / M.D.

VERIFICATION OF OFFICE VISIT  
RETURN TO WORK/SCHOOL STATEMENT

FORM 4100      04/12      0001      0001      0001      0001      0001      0001      0001      0001