

**McLaren Print System Order**

**Order No: 42625 Reprint Previous Order No: 9244**  
**Order Date: 2019-02-06**  
**User: Marie Schwerin**  
**Phone: 810-342-2279**

**Ship Location: McLaren Flint - LDRP**  
**401 S. Ballenger Hwy.**  
**Flint, MI**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 23070**  
**Dept Name: McLaren Flint - LDRP**  
**Company Number: 60**

**Order Total Price: 3.60**

**Item Number: 17446**  
**Item Description: Body Release**  
**Revision Date: 8/2012**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: 5 Hole Top**  
**Misc Info:**

**FLINT** **BODY RELEASE**

Date and Time Pronounced \_\_\_\_\_ a.m. /p.m.

The above indicated health care facility is authorized to release the body of \_\_\_\_\_  
to the \_\_\_\_\_  
Funeral Home from \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Please giving authorization:

Signature of Health Professional _____	Relationship to patient _____
Name _____	Date _____ Time _____ a.m. /p.m.
Title _____	Signature of Releasee _____
	Signature of Releasee _____

Verbalized given to family/significant other:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. /p.m. Relationship \_\_\_\_\_  
Witness \_\_\_\_\_

The body of \_\_\_\_\_ has been received with the following articles at the time of release:

- 1 Dentures - Upper \_\_\_\_\_ Lower \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

**HAZARDS OR PRECAUTIONS TO USE IN ADDITION TO STANDARD PRECAUTIONS:**  
Droplet / Contact / Airborne

Signature of funeral home representative \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. /p.m. \_\_\_\_\_  
Please provide for \_\_\_\_\_  
Name \_\_\_\_\_ Subject \_\_\_\_\_ (See Instructions)

E.R. Death with OPR     DCA     Inpatient  
Medical Examiner's Case?    Yes    No  
Autopsy Performed?    Yes    No    (See Autopsy Form)

**BODY RELEASE**  
FORM 8026