

McLaren Print System Order

Order No: 45767
Order Date: 2019-05-30
User: Denise Maginity
Phone: 810-342-5470

Ship Location: BARIATRIC & METABOLIC INSTITUTE/BEECH HILL CENTRE
G-3200 Beecher Road, MBI
Flint, MI 48532

Forms
Quantity: 100
Paragon Dept No: 36810
Dept Name: BARIATRIC & METABOLIC INSTITUTE
Company Number: 60

Order Total Price: 4.98

Item Number: 17418-MK
Item Description: Authorization\_for\_Release\_of\_Information (Dr Kia)
Revision Date: 5/2019
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: 5 Hole Top
Misc Info: ds; black & white

McLAREN HEALTHCARE
Authorization to Release Information
Patient Name, Address, Phone Number, Medical Record Number, Physician Name, Date(s) of Service, Specific type of information to be disclosed, Sensitive information to be disclosed, Consent to release Entire Medical Record.

Spec Info: Please refer to the other side of this form for Acknowledgements and signatures.



Form area for Acknowledgements and signatures.