

**McLaren Print System Order**

**Order No: 47057 Reprint Previous Order No: 29690**  
**Order Date: 2019-07-17**  
**User: Angela DeLaRosa**  
**Phone: 9893164262**

**Ship Location: McLaren Bay Primary Care/Attn Angela DeLaRosa**  
**4 Columbus Ave, Suite 380**  
**Bay City, MI 48708**

**Forms**

**Quantity: 2**  
**Paragon Dept No: 69050**  
**Dept Name: McLaren Medical Group**  
**Company Number: 810**

**Order Total Price: 11.30**

**Item Number: MM-386**  
**Item Description: Permission to Pick Up**  
**Revision Date: 6/2019**  
**Print:**  
**Paper:**  
**Size:**  
**Fold:**  
**Finish:**  
**Drill:**  
**Misc Info: Per pad of 50 sets - 2 part; black**

Permission to Pick Up

I, \_\_\_\_\_, authorize \_\_\_\_\_ to pick up  
\_\_\_\_\_ on my behalf.

Patient Signature \_\_\_\_\_ Date/Time: \_\_\_\_\_

Witness \_\_\_\_\_

I am picking up \_\_\_\_\_ for patient, \_\_\_\_\_

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Witness \_\_\_\_\_

\*\*\* Please remember to copy or scan the ID of the person picking up the Rx and put this in the patient's chart\*\*\*

White Copy: Office Yellow Copy: Person Picking Up

MM-386 (2/18)