

McLaren Print System Order

Order No: 51161 Reprint Previous Order No: 20687
Order Date: 2019-12-19
User: Katie Roan
Phone: 8106677025

Ship Location: Lapeer Occ Health
1254 N Main St
Lapeer, MI 48446

Forms

Quantity: 100
Paragon Dept No: 65100
Dept Name: Lapeer Occ Health
Company Number: 810

Order Total Price: 0.00

Item Number: 17418-L (LAPEER FORM)
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 7/2016
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: THIS FORM IS FOR USE BY LAPEER OCC HEALTH ONLY

McLAREN HEALTHCARE
Authorization to Release Information
Patient Name, Address, Phone Number, Medical Record Number, Date of Birth, Sex, Race, Ethnicity, Religion, Marital Status, Insurance Information, Referring Physician, To Release To, Specific type of information to be disclosed, Sensitive information to be disclosed, Consent to release Entire Medical Record, Date(s) of Service.



Signature lines for patient and provider