

McLaren Print System Order

Order No: 55461 Reprint Previous Order No: 6293
Order Date: 2020-07-17
User: Kristin Fudge
Phone: 517-574-9123

Ship Location: McLaren Central COMP and ReadyCare
1523 S. Mission Street
Mount Pleasant, Mi 48858

Forms

Quantity: 500
Paragon Dept No: 53037
Dept Name: McLaren South Side Medical Center
Company Number: 810

Order Total Price: 0.00

Item Number: 17418
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 4/28/2015
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information
Patient Name, Ethnicity, Medical Record Number, Address, Phone Number, Insurance/Other Payers, I authorize to release to, Specific type of information to be disclosed, Date(s) of Service, Sensitive information to be disclosed, Date(s) of Service, Consent to release (Extra Medical Record), Date(s) of Service, Please continue to the other side of this form for Acknowledgements and signatures.



810

Form with fields for initials and date