

McLaren Print System Order

Order No: 5816
Order Date: 2014-09-17
User: Kristin Fudge
Phone:

Ship Location: Kristin
6910 South Cedar St
Lansing , Mi 48911

Forms
Quantity: 100
Paragon Dept No: 67725
Dept Name:
Company Number: 810

Order Total Price: 23.70

Form Number: M-3379
Form Description: Verification of Office Visit Return to Work / School Statement
Revision Date: 4/2012
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top

McLaren Medical Group
**VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT**

Date: ____ / ____ / ____ Patient name: _____

Employer/School (name): _____

The above named patient may return to work/school on ____ / ____ / ____

Work status:
 Full duty
 Light duty
 No work

Restricted activity:
 Yes
 No

Comments: _____

Sincerely, _____ D.O. / M.D.

