

McLaren Print System Order

Order No: 6087
Order Date: 2014-09-26
User: Angela DeLaRosa
Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705

Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
3720 Katalin Ct
Bay City, MI 48706

Forms
Quantity: 100
Paragon Dept No: 60841
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 11.95

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.


