

**McLaren Print System Order**

**Order No: 7529**  
**Order Date: 2014-12-08**  
**User: Holly Reibel**  
**Phone: 248-627-3535**

**Ship Location: McLaren Ortonville ATTN: Holly Reibel**  
**180 N. Ortonville Rd**  
**Ortonville, MI 48462**

**Forms**  
**Quantity: 100**  
**Paragon Dept No: 73250**  
**Dept Name: McLaren Ortonville**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-31**  
**Item Description: PCMH Patient and Physician Agreement**  
**Revision Date: 10/2013**  
**Print:**  
**Paper:**  
**Size:**  
**Fold:**  
**Finish:**  
**Drill:**  
**Misc Info:**



**Patient Centered Medical Home  
Patient and Physician Agreement**

I have received the Patient Centered Medical Home brochure describing this model of care, what I can expect from my physicians, and what is expected of me.

My physician has discussed the details of Patient Centered Medical Home with me and has answered all of my questions.

|                                 |                     |
|---------------------------------|---------------------|
| _____<br>Patient Signature      | _____<br>Date       |
| _____<br>Printed Patient Name   | _____<br>Birth Date |
| _____<br>Parent/Guardian        | _____<br>Date       |
| _____<br>Physician Signature    | _____<br>Date       |
| _____<br>Printed Physician Name |                     |