

McLaren Print System Order

Order No: 68328
Order Date: 2022-03-15
User: Jill McKerr
Phone: 5179136527

Ship Location: MGL-MMP IMAGING CENTER
1540 LAKE LANSING ROAD, SUITE 107
LANSING, MI 48912

Forms
Quantity: 100
Paragon Dept No: 2900-27250
Dept Name: MGL-MMP Imaging Center
Company Number: 160

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 entire Medical Record.

Spec Info: