

McLaren Print System Order

Order No: 68355
Order Date: 2022-03-15
User: Deb House
Phone: 989-269-8933 x4562

Ship Location: McLaren Thumb Attn Deb House, Imaging
1100 S. Van Dyke Rd
Bad Axe, MI 48413

Forms
Quantity: 100
Paragon Dept No: 27250
Dept Name: MEDICAL IMAGING
Company Number: 530

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, Sensitive information to be disclosed, Consent to release (Extra/Medical Record), Date(s) of Service

Spec Info:

