

McLaren Print System Order

Order No: 68813 Reprint Previous Order No: 6293
Order Date: 2022-04-02
User: VICKI YAROCH
Phone: 989-269-9521

Ship Location: MCLAREN THUMB REGION
1100 S VAN DYKE
BAD AXE, MI 48413

Forms

Quantity: 1000
Paragon Dept No: 2210
Dept Name: CENTRAL REGISTRATION
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, Date(s) of Service