

## **McLaren Print System Order**

Order No: 68978 Reprint Previous Order No: 5594

Order Date: 2022-04-11 User: Kristin Fudge Phone: 989-773-1166

Ship Location: McLaren Central COMP and ReadyCare

1523 S. Mission Street Mount Pleasant, mi 48858

Forms Quantity: 100

Paragon Dept No: 53037

**Dept Name: Central COMP and ReadyCare** 

**Company Number: 810** 

Order Total Price: 3.60

Item Number: MM-113

Item Description: Consent for Office Procedure (Other than Routine Care)

Revision Date: 9/2018

Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11 Fold: Finish:

Drill: 2 Hole Top

Misc Info:

Millaret Welfort Group CONSENT FOR OFFICE PROCEDURE

Thereby sufforce and consent to the performance of the following procedure	
by or under direction of Dr.	
(Facility's name)	(Date of procedure)
Hurther consent to the performance of any additional procedures during the designee judges necessary or desirable to correct the existing condition discover.	
These been advised by my physician about alternatives to the procedure is gested in the procedure I about have.	aggresset, but I believe that the procedure sug-
My physician has advised me fully about the nature of the procedure and I coan nor the facility can guarantee any result.	he risks involved. I realize that neither the physi-
These read this authorization and undentand it.	
NOTE TO PATRION. YOUR SIGNATURE BELOW INDICATES THAT YOU H THE PRODEDURES HAS HAVE BEEN RECOUNTED FEPLANCE TO YE THE REPORTACY YOU GEBER, AND THEY YOU AUTHORIZE AND COR OF THE PRODEDURES) MENTONED HIS VE.	OUBY YOUR PHYSICIAN, THAT YOU HAVE ALL
DATETIME SOUTUPE	
RELATIONSHIP (F OTHER THAN PATIENT)	
SIGNATURE OF WITNESS	
Signature of physician by which it is affirmed that the informed consent of obtained to the outlined above.	the patient, or duly authorized agent, has been
DATETIME SOURCE	
Time of pre-procedure Time out	
Procedure rented door Prep Dry Time Completed © Yes Chile	Assertion
Falset Physician	
CONSENT FOR OFFICE PROCEDURE	Sec. / Sec.