

McLaren Print System Order

Order No: 69894 Reprint Previous Order No: 5564
Order Date: 2022-05-17
User: Jessica Derkacz
Phone: 8104962589

Ship Location: Flint Twp. CMC Primary Care
1314 S. Linden Rd.
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 50009
Dept Name: Flint Twp. CMC Primary Care
Company Number: 810

Order Total Price: 59.00

Item Number: M-3379
Item Description: Verification of Office Visit Return to Work / School Statement
Revision Date: 4/2012
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group
VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT

Date ____ / ____ / ____ Patient name _____

Employer/School (name) _____

The above named patient may return to work/school on ____ / ____ / ____

Work status

- Full duty
- Light duty
- No work

Restricted activity

- Yes
- No

Comments _____

Physician _____

D.O. / M.D.

VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT

FORM 4102 05/11 05/11 05/11 05/11 05/11 05/11 05/11 05/11 05/11