

McLaren Print System Order

Order No: 71599 Reprint Previous Order No: 20687
Order Date: 2022-08-03
User: Kristin Fudge
Phone: 9897731166

Ship Location: McLaren Central COMP and ReadyCare
1523 S. Mission Street
Mount Pleasant, mi 48858

Forms

Quantity: 500
Paragon Dept No: 50664
Dept Name: McLaren Central COMP and ReadyCare
Company Number: 810

Order Total Price: 0.00

Item Number: 17418-L (LAPEER FORM)
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 7/2016
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: THIS FORM IS FOR USE BY LAPEER OCC HEALTH ONLY

McLAREN HEALTHCARE
Authorization to Release Information
Patient Name, Address, Phone Number, Medical Record Number, Insurance, etc.
I authorize McLaren Occupational Health...
To release to: Name, Address, City, State, Zip, Telephone, Email address.
Specific type of information to be disclosed: History and Physical, Diagnostic Report, Physician's Notes, etc.
Sensitive information to be disclosed: Behavioral and Mental Health, etc.
Consent to release Entire Medical Record, for dates of service listed, including all information noted above.
Dates of Service: Start Date, End Date.
Please continue to the other side of this form for Acknowledgements and signatures.



Form with fields for Name, Address, City, State, Zip