

McLaren Print System Order

Order No: 72585 Reprint Previous Order No: 5564
Order Date: 2022-09-28
User: amber jones
Phone: 586-286-4880

Ship Location: McLaren Womens Health- Attn; Amber
36561 Harper Ave
Clinton Township, mi 48035

Forms

Quantity: 100
Paragon Dept No: 72100
Dept Name: wha-harper
Company Number: 810

Order Total Price: 11.80

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.