

McLaren Print System Order

Order No: 72939
Order Date: 2022-10-11
User: Denise Maginity
Phone: 810-342-5470

Ship Location: BARIATRIC & METABOLIC INSTITUTE/BEECH HILL CENTRE
G-3200 Beecher Road, MBI
Flint, MI 48532

Forms
Quantity: 100
Paragon Dept No: 36810
Dept Name: BARIATRIC & METABOLIC INSTITUTE
Company Number: 60

Order Total Price: 4.98

Item Number: 17418-MK
Item Description: Authorization_for_Release_of_Information (Dr Kia)
Revision Date: 5/2019
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: 5 Hole Top
Poster:
Misc Info: ds; black & white

McLAREN HEALTHCARE
Authorization to Release Information
Patient Name, Address, Phone Number, Doctor/Other Name, Michael Kia, DO, etc.
I authorize McLaren Bariatric & Metabolic Institute to release to:
Specific type of information to be disclosed:
Sensitive information to be disclosed:
Consent to release Entire Medical Record, for dates of service listed, including all information noted above:
Date(s) of Service:
Initials Date

Spec Info:

Please continue to the other side of this form for Acknowledgements and signatures.