

McLaren Print System Order

Order No: 73709 Reprint Previous Order No: 5227
Order Date: 2022-11-16
User: Dolores Guy
Phone: 586-978-8010

Ship Location: Dolores Guy
35111 Dodge Park
Sterling Heights, MI 48312

Forms

Quantity: 100
Paragon Dept No: 72500
Dept Name: McLaren Macomb Primary Care
Company Number: 810

Order Total Price: 0.00

Item Number: MM-14
Item Description: Appointed Responsibility for Minors Care
Revision Date: 8/2021
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold: None
Finish: None
Drill: None
Misc Info:



I, _____ father/mother/legal guardian of
(Name of Patient)

_____ do hereby permit _____
(Name of Patient) (Name of Appointed Representative)

to act in my behalf in authorizing medical care for the identified patient above. I accept responsibility, financial and medical, for all decisions made by the representative I have appointed on this form. I also waive any action against McLaren relating to the medical care authorized by my appointed representative.

McLaren may rely upon this Appointment form, unless I advise office differently by written statement.

Signature of Parent / Legal Guardian _____
Date

Signature of Appointed Representative _____
Date

