

McLaren Print System Order

Order No: 73755 Reprint Previous Order No: 5227
Order Date: 2022-11-22
User: Michele Lubick
Phone: 586-226-8600

Ship Location: McLaren Primary Care-Michele
45441 HEYDENREICH
Macomb, MI 48044

Forms

Quantity: 100
Paragon Dept No: 56522
Dept Name: McLaren 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 Parent)

_____ 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

