

McLaren Print System Order

Order No: 74863 Reprint Previous Order No: 6293
Order Date: 2023-01-24
User: Leah Blair
Phone: 9898263271

Ship Location: Primary Care Att Tiff
558 Lockwood lane
mio, MI 48621

Forms

Quantity: 100
Paragon Dept No: 69230
Dept Name: Primary Care
Company Number: 810

Order Total Price: 6.50

Item Number: 17418
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 4/28/2015
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information
Patient Name, Ethnicity, Medical Record Number, Address, Phone Number, Insurance/Other Payers, I authorize to release to, Specific type of information to be disclosed, Date(s) of Service, Sensitive information to be disclosed, Date(s) of Service, Consent to release, Date(s) of Service