

McLaren Print System Order

Order No: 75021
Order Date: 2023-02-01
User: colleen taraskavage
Phone: 810-658-6503

Ship Location: MMG Davison Community Medical Center
10090 E. Lippincott Blvd
Davison, Michigan 48423

Forms
Quantity: 100
Paragon Dept No: 50002
Dept Name: MMG Davison CMC
Company Number: 10

Order Total Price: 0.00

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: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Poster:
Misc Info:

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

Spec Info:

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



Form area for Acknowledgements and signatures.