

McLaren Print System Order

Order No: 76783
Order Date: 2023-04-18
User: Kayla Severance
Phone: 8103421735

Ship Location: McLaren Comprehensive Breast Care
3500 Calkins Rd Ste B
Flint, Mi 48532

Forms
Quantity: 100
Paragon Dept No: 50038-2560
Dept Name: McLaren Comprehensive Breast Care
Company Number: 60

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.