

McLaren Print System Order

Order No: 78916 Reprint Previous Order No: 9244  
Order Date: 2023-08-18  
User: Vicki Stebner  
Phone: 810-342-2293

Ship Location: McLaren Flint 3 South OR, Attn Jerry Provorse  
401 S. Ballanger  
Flint, Mi 48532

Forms

Quantity: 100  
Paragon Dept No: 30010  
Dept Name: OR  
Company Number: 60

Order Total Price: 0.00

Item Number: 17446  
Item Description: Body Release  
Revision Date: 8/2012  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill: None  
Misc Info:

**FLINT** BODY RELEASE

Date and Time Pronounced \_\_\_\_\_ a.m. /p.m.

The above indicated health care facility is authorized to release the body of \_\_\_\_\_  
to the \_\_\_\_\_  
Funeral Home from \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Please giving authorization:

Signature of Health Care Provider _____	Relationship to patient _____
Name _____	Date _____ Time _____ a.m. /p.m.
Title _____	Signature of Releasee _____
	Signature of Releasee _____

Verbalized given to family/significant other:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. /p.m. Relationship \_\_\_\_\_  
Address \_\_\_\_\_

The body of \_\_\_\_\_ has been received with the following articles at the time of release:

- 1 Dentures - Upper \_\_\_\_\_ Lower \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

**HAZARDS OR PRECAUTIONS TO USE IN ADDITION TO STANDARD PRECAUTIONS:**  
Drip/Spill / Contact / Airborne

Signature of Funeral Home Representative \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. /p.m. Address \_\_\_\_\_  
Please provide for \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip/Postcode)

E.R. Death with OPR     DCA     Inpatient  
 Medical Examiner's Case?    Yes    No  
Autopsy Performed?    Yes    No    (See Autopsy Form)

**BODY RELEASE** 8206