

McLaren Print System Order

Order No: 79566 Reprint Previous Order No: 6293
Order Date: 2023-09-21
User: Heidi Holbrook
Phone: 989-393-2777

Ship Location: McLaren Bay Orthopedic Surgery Uptown
4 Columbus Ave Ste 160
Bay City, MI 48708

Forms

Quantity: 500
Paragon Dept No: 51535
Dept Name: McLaren Bay Orthopedic Surgery Uptown
Company Number: 810

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
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, Sensitive information to be disclosed, Consent to release entire Medical Record.