

McLaren Print System Order

Order No: 80206 Reprint Previous Order No: 5506 Order Date: 2023-10-06 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: 810

Order Total Price: 23.40

Item Number: MM-474 Item Description: Influenza Consent Form Revision Date: 8/2021 Print: 1 sided black and white Paper: 2 Part (White, Yellow) Size: 8.5 x 11 Fold: Finish: **Drill: None** Misc Info: This form must be ordered with DCH-0457

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FOR W	ENCARE PATIENTISONLY
any holder of medical or other information about me to agents any information resolutil to determine thes charges if my Medicare coverage is not appropriate.	
PatientRignature	Payment to Palant Q Payment to Provider

440 106-CL Av. 100

INFLUENDACOMMENT PORM: Original - Center, Centery - Patient