

McLaren Print System Order

Order No: 80818 Order Date: 2023-10-31 **User: Laura Hathaway** Phone: 5176263106

Ship Location: Attn: Laura Hathaway, Grand Ledge Imaging

1035 Charlevoix Dr., Suite 200

Grand Ledge, MI 48837

Forms Quantity: 500

Paragon Dept No: 274027250

Dept Name: Mclaren Grand Ledge Imaging

Company Number: 160

Order Total Price: 64.00

Item Number: MHCC-335

Item Description: General Consent for Treatment

Revision Date: 10/2022

Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11

Fold:

Finish: None **Drill: None** Poster:

Misc Info: 4 pages; black and white;

CONSENT AND AUTHORIZATION

McLaren HEALTH CARE

1. GENERAL CONSENT TO ADMISSION AND TREATMENT

i. The undersigned, hereby voluntarity request, consent to and authories all medical and hospital dark, including physical enablished in and screening. Buginstell procedures, dwg administration, therepeaks treatments, including dwg and accord screening, as deemed noiseasing in the judgment of the attending physicarcity. John modern and health one procedures of Mutuanin Feath Scre subsidiaries ("Mutuanin") are assess that the justice of neptime is not an exact scheme and abstracting that in justice level modern is to be existed and treatment that these received.

and treatment that I have recovered. It bestigs and treatment that I have recovered and use for account or teaching purposes, or to dispose at the discretion or convenience, any specimen or trassues taken from my body, shuring my visit. It authorizes Missams to processing, then and/or record missams that the purpose of disposing, therefore it is not the purpose of disposing, treatment or commendation and purpose of the purpose of disposing, treatment is understanded and discommendation in the medical record including phintographs, time, endors recording may be estained as a permisent part of the medical record and here to use to loss studies and education. I have been informed and understand that most Missams facilities are treatment and understand that most Missams facilities are treatment, or comparation and environce of multiple feedith core providers. I authorize such present to understand this dissentation, service and care.

2. CONSENT FOR EXPOSURE TESTING

Eurobestand Flat entergency sesponder, health care professional, or other health facility employee is esposed to the \$000 or \$000 finds, that leading including but not limited to INN, respective to an important College or Inspective College or Inspective College or Inspective College or Inspective College or Inspection College o

3. RELEASE OF INFORMATION FOR INSURANCE

RELLANG OF INFORMATION FOR INSUMANCE.

I Authorise Michael. Orangos, Blue Conselline Street, or the representative, including Medicare. Medicare. Orangos, Blue Conselline Street, commercial health insures, automation insulations. Medicare. Orangos, Blue Conselline Street, complexes in health maintenance cognitionation insulations are represented in the commercial health insures, automation in protein an extraordistic responsibilities and managed dave place, which may be responsible to payment in ery date, or an expansed by tax, such elimination from the medical records of social and offer the separation of the CPT and the separation of the commercial records of the control and drug abuse entrols presented in order the regulations in ACCPT, the T.Z. if any and apold service records. Fany and psychological service records including communications by the tax is adopt without

Spec Info: We currently are out of any paper consent form. We utilize these when the patients cannot stand or are WC bound we offer p

I authorize Milliamen to release information contained in my medical record, including information about communicative desirates and femolement as better that and Department of Photos Resident of One Department of Photos Resident and Professional Section Analysis Instituted Internacional Resident (Including Section Analysis Instituted Inst



-
mar.
m.