

McLaren Print System Order

Order No: 81822 Reprint Previous Order No: 6293
Order Date: 2023-12-21
User: Jodi LaPlant
Phone: 989-667-3410

Ship Location: WEST SIDE MED MALL ATTN: JODI LAPLANT SUITE 12
4175 N EUCLID AVE SUITE 12
BAY CITY, MI 48706

Forms

Quantity: 100
Paragon Dept No: 69580
Dept Name: BAY NEUROSCIENCES
Company Number: 10

Order Total Price: 4.48

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, Date(s) of Service, Please continue to the other side of this form for Acknowledgements and signatures.