

McLaren Print System Order

Order No: 81937
Order Date: 2024-01-02
User: Deb House
Phone: 989-269-1557

Ship Location: McLaren Thumb - Attn Deb House, Imaging
1100 S VAN DYKE RD
BAD AXE, MI 48413

Forms
Quantity: 500
Paragon Dept No: 27250
Dept Name: Medical Imaging
Company Number: 530

Order Total Price: 22.40

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
Poster:
Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information
Patient Name, Address, Phone Number, Insurance, I authorize to release to, Specific type of information to be disclosed, Date(s) of Service, Sensitive information to be disclosed, Consent to release.

Spec Info:

Please continue to the other side of this form for Acknowledgements and signatures.



Form area for Acknowledgements and signatures.