

McLaren Print System Order

Order No: 82672
Order Date: 2024-01-29
User: LeAnn Davis
Phone: 989-667-6670

Ship Location: JROC - BAY RADIATION ONCOLOGY
3180 E. MIDLAND RD
Bay City, 48706

Forms
Quantity: 100
Paragon Dept No: 27900
Dept Name: JROC
Company Number: 210

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
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 entire medical record.

Spec Info:

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



Form area with fields for name and date.