

McLaren Print System Order

Order No: 84279
Order Date: 2024-04-03
User: Darlene Maguire
Phone: 810-3422395

Ship Location: mclaren flint 8th floor attn darlene
401 s. ballanger hwy
flint, mi 48532

Forms

Quantity: 100
Paragon Dept No: 23080
Dept Name: 8th floor orthopeadics
Company Number: 60

Order Total Price: 7.00

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: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
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, Date(s) of Service, Consent to release entire Medical Record.

Spec Info:

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

