

**McLaren Print System Order**

**Order No: 84537 Reprint Previous Order No: 5564**  
**Order Date: 2024-04-12**  
**User: Mary Bitzer**  
**Phone: 18103421711**

**Ship Location: McLaren Fenton CMC Primary Care / ATTN Mary Bitzer**  
**2320 Owen Rd, Suite A**  
**Fenton, MI 48430**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 50013**  
**Dept Name: McLaren Fenton CMC Primary Care**  
**Company Number: 810**

**Order Total Price: 59.00**

**Item Number: M-3379**  
**Item Description: Verification of Office Visit Return to Work / School Statement**  
**Revision Date: 4/2012**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

McLaren Medical Group  
VERIFICATION OF OFFICE VISIT  
RETURN TO WORK/SCHOOL STATEMENT

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Patient name \_\_\_\_\_

Employer/School (name) \_\_\_\_\_

The above named patient may return to work/school on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Work status

- Full duty
- Light duty
- No work

Restricted activity

- Yes
- No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician \_\_\_\_\_

D.O. / M.D.

VERIFICATION OF OFFICE VISIT  
RETURN TO WORK/SCHOOL STATEMENT

FORM 4102      04/01      04/01      04/01      04/01      04/01      04/01      04/01      04/01      04/01