

McLaren Print System Order

Order No: 84757 Reprint Previous Order No: 6293
Order Date: 2024-04-22
User: melissa lawrukovich
Phone: 2486560472

Ship Location: McLaren Oakland Lake Orion Family Medicine
1240 S Lapeer Road suite 101a
Lake Orion , Michigan 48360

Forms

Quantity: 500
Paragon Dept No: 26815
Dept Name: MMG
Company Number: 810

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