

McLaren Print System Order

Order No: 84926
Order Date: 2024-04-25
User: Jennifer Wheeler
Phone: 9897795625

Ship Location: McLaren Central Michigan -- ATTN:Jennifer Wheeler
1523 S. Mission St.
Mt. Pleasant , MI 48858

Forms
Quantity: 5000
Paragon Dept No: 55802
Dept Name: McLaren Central Michigan
Company Number: 10

Order Total Price: 199.00

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: 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, 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.

