

McLaren Print System Order

Order No: 85256
Order Date: 2024-05-07
User: Jennifer Keeton
Phone: 810-385-6370

Ship Location: McLaren Fort Gratiot Internal Med
5979 Lakeshore Road
Fort Gratiot , Michigan 48059

Form
Quantity: 100
Paragon Dept No: 58014
Dept Name: McLaren Fort Gratiot Internal Med
Company Number:

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, Medical Record Number, Date of Birth, Insurance Information, 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.

