

McLaren Print System Order

Order No: 85837 Reprint Previous Order No: 6293
Order Date: 2024-05-30
User: MICHELLE GALATI
Phone: 5867254604

Ship Location: McLaren Womens Health Chesterfield
51086 Fairchild Rd
Chesterfield, Michigan 48051

Forms

Quantity: 100
Paragon Dept No: 72000
Dept Name: McLaren Womens Health Chesterfield
Company Number: 810

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
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.