

McLaren Print System Order

Order No: 86076
Order Date: 2024-06-07
User: STEPHANIE BENDER
Phone: 231-497-4063

Ship Location: McLaren Rogers City Family Medicine
573 N Bradley HWY
Rogers City, MI 49770

Form
Quantity: 500
Paragon Dept No: 50706
Dept Name: McLaren Rogers City Family Medicine
Company Number:

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
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.

