

McLaren Print System Order

Order No: 86760 Reprint Previous Order No: 6293
Order Date: 2024-07-08
User: Doris Adair
Phone: 810-455-0284

Ship Location: McLaren-Port Huron Urology Associates; Attn: Doris
1037 Water, Street, Suite 1
Port Huron, MI 48060

Forms

Quantity: 100
Paragon Dept No: 17805
Dept Name: MMG Port Huron
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, Date(s) of Service.