

McLaren Print System Order

Order No: 87082
Order Date: 2024-07-19
Order Request Date:
User: Brooke Pearson
Phone: 2316271370

Ship Location: McLaren Cheboygan- BHU Attn: Brooke Pearson
748 South Main St
Cheboygan, Mi 49721

Brochures
Quantity: 500
Paragon Dept No: 30462
Dept Name: BHU
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, Insurance, etc.
I authorize _____ to release to _____
Specify type of information to be disclosed:
History and Physical, Operative Report, Physician's Notes, etc.
Sensitive information to be disclosed:
Behavioral and Mental Health, Substance Abuse, etc.
Consent to release entire medical record for dates of service listed, including all information noted above.
Dates of Service: _____
Please continue to the other side of this form for Acknowledgements and signatures.

Spec Info: