

McLaren Print System Order

Order No: 87098
Order Date: 2024-07-19
Order Request Date:
User: Brianne Jaeger
Phone: 989-734-2171

Ship Location: McLaren Rogers City Family Medicine
573 N. Bradley Hwy
Rogers City , MI 49779

Brochures
Quantity: 500
Paragon Dept No: 77025
Dept Name: McLaren
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:
Sensitive information to be disclosed:
Consent to release entire medical record for dates of service listed, including all information noted above.
Please continue to the other side of this form for Acknowledgements and signatures.

Spec Info: