

McLaren Print System Order

Order No: 87313
Order Date: 2024-07-30
User: Jodi LaPlant
Phone: 989-667-3410

Ship Location: WEST SIDE MED MALL ATTN: JODI LAPLANT SUITE 12
4175 N EUCLID AVE SUITE 12
BAY CITY MI,48706

Brochures
Quantity: 100
Paragon Dept No: 69580
Dept Name: BAY NEUROSCIENCES
Company Number: BAY10

Order Total Price:

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:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information
Patient Name, Address, Phone Number, Medical Record Number, Date of Birth, and other personal information fields.
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.

Spec Info:

Please continue to the other side of this form for Acknowledgements and signatures.



Form area for Acknowledgements and signatures.