

McLaren Print System Order

Order No: 87453
Order Date: 2024-08-02
Order Request Date:
User: Teresa Wenzlick
Phone: 9897795692

Ship Location: McLaren ReadyCare - Attn: Shannon
1523 S. Mission
Mt. Pleasant, MI 48858

Brochures
Quantity: 500
Paragon Dept No: 50664
Dept Name: Mt. Pleasant
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.
Dates of Service: _____
Please continue to the other side of this form for Acknowledgements and signatures.

Spec Info: