

McLaren Print System Order

Order No: 87615
Order Date: 2024-08-27
User: fotios floros
Phone: 2489226880

Ship Location: McLaren Clarkston - Emergency Department ATTN Fotios
5701 Bow Point Dr. STE 120
Clarkston, MI 48346

Form
Quantity: 100
Paragon Dept No: 21600
Dept Name: McLaren Clarkston - Emergency Department
Company Number:

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
Poster:
Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information
Patient Name, Address, Phone Number, Insurance, I authorize to release to, Specific type of information to be disclosed, Date(s) of Service, Sensitive information to be disclosed, Consent to release entire Medical Record.

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



Form area for Acknowledgements and signatures.