

McLaren Print System Order

Order No: 87859
Order Date: 2024-09-04
User: Jamie Pearson
Phone: 231-487-3190

Ship Location: McLaren Northern Michigan Hematology Suite 185 Oncology/ATTN Jamie Pearson
560 W Mitchell St Suite 185
Petoskey MICHIGAN,49781

Brochures
Quantity: 100
Paragon Dept No: 10026
Dept Name: Hematology Oncology
Company Number: MMG20

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.
Date(s) of Service: \_\_\_\_\_

Spec Info:

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



Form area for Acknowledgements and signatures, including fields for Name and Date.