

McLaren Print System Order

Order No: 88603
Order Date: 2024-10-01
Order Request Date:
User: Tonya Furtah
Phone: 8105618450

Ship Location: MMG-St. Clair Family Practice - Attn: Tonya
1163 St. Carney Drive
St. Clair, MI 48079

Brochures
Quantity: 500
Paragon Dept No: 54000-1250
Dept Name: MMG-St. Clair Family Practice
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 (Extra 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: