

McLaren Print System Order

Order No: 89216
Order Date: 2024-10-23
Order Request Date:
User: Victoria Tijerina
Phone: 5173031371

Ship Location: Grand Ledge Health Center
1035 Charlevoix Dr Ste 200
Grand Ledge , MI 48837

Brochures
Quantity: 500
Paragon Dept No: 51015
Dept Name: McLaren Grand Ledge
Company Number:

Order Total Price: 59.00

Item Number: M-3379
Item Description: Verification of Office Visit Return to Work / School Statement
Revision Date: 4/2012
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Poster:
Misc Info:

McLaren Medical Group
VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT

Date: ____ / ____ / ____ Patient name: _____

Employer/School (name): _____

The above named patient may return to work/school on ____ / ____ / ____

Work status:

Full duty
 Light duty
 No work

Restricted activity:

Yes
 No

Comments: _____

Sincerely,

D.O. / M.D.

VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT
10/2012/12 10/2012/12/12 10/2012/12/12

Spec Info: