

McLaren Print System Order

Order No: 90532
Order Date: 2024-12-03
User: Mary Bitzer
Phone: 18103421711

Ship Location: McLaren Fenton Family Med / ATTN Mary Bitzer
17200 Silver Parkway, suite 1
Fenton, MI 48430

Form
Quantity: 500
Paragon Dept No: 50022
Dept Name: McLaren Flint Fenton Family Medicine
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 _____

Spec Info: Original Poster Size

D.O. / M.D.



Signature
Date

VERIFICATION OF OFFICE VISIT
RETURN TO WORK/SCHOOL STATEMENT
FORM 1000 01/04 - 01/07 (01) 01/04 - 01/07 (01) 01/04 - 01/07 (01)