

McLaren Print System Order

Order No: 91130
Order Date: 2024-12-30
Order Request Date:
User: Dawn Caspers
Phone: 248-625-9099

Ship Location: Attn Dawn Caspers
5210 Highland Rd Suite 200
Waterford, MI 48327

Brochures
Quantity: 500
Paragon Dept No: 52556
Dept Name: McLaren Oakland Cardiovascular Institute-Waterford
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 entire 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: