

**McLaren Print System Order**

**Order No: 91305**  
**Order Date: 2025-01-07**  
**Order Request Date:**  
**User: Leah Blair**  
**Phone: 9898263271**

**Ship Location: Primary Care Att Sarah**  
**558 Lockwood Lane**  
**Mio, Michigan 48647**

**Brochures**  
**Quantity: 100**  
**Paragon Dept No: 50604**  
**Dept Name: Primary Care**  
**Company Number:**

**Order Total Price: 11.80**

**Item Number: M-3379-A**  
**Item Description: Verification of Office Visit Return to Work / School Statement**  
**Revision Date: 12/2014**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Poster:**  
**Misc Info:**

McLaren Family Medicine Residency  
**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**  
FORM # 10000001-0001  
DATE: 12/2014  
MIO-00000001

**Spec Info:**