

McLaren Print System Order

Order No: 24818 Reprint Previous Order No: 5523
 Order Date: 2017-01-19
 User: Barbara Thomas
 Phone: 517-913-3812

Ship Location: MMP-McLaren HealthCare Associates--Attn: Barb
 1540 Lake Lansing Road Ste 102
 Lansing, MI 48912

Forms

Quantity: 5000
 Paragon Dept No: 68100
 Dept Name: McLaren HealthCare Associates
 Company Number: 810

Order Total Price: 149.00

Item Number: MM-17305A
 Item Description: Adult Registration
 Revision Date: 7/2016
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

| MCLAREN MEDICAL GROUP
ADULT REGISTRATION | | Language Preference: English
Other specify _____

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 (B) Pediatrics
 (C) Obstetrics/Gynecology
 (D) Family Practice
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 (F) Geriatrics
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 For leaving a message, use phone number _____ </td> </tr> <tr> <td colspan="2">SPOUSE / LEGAL GUARDIAN INFORMATION</td> <td colspan="2"> <table border="1"> <tr> <td>NAME</td> <td>CLASS</td> <td>PHONE</td> <td>SSN</td> <td>RELATIONSHIP</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td></td> </tr> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>NEW LINE EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> <td></td> </tr> <tr> <td>EMPLOYER ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="2">INSURANCE INFORMATION</td> <td colspan="2"> <table border="1"> <tr> <td>PRIMARY INSURANCE</td> <td>SUBSCRIBER</td> <td>BIRTH DATE</td> </tr> <tr> <td>POLICY #</td> <td>GROUP #</td> <td>EMPLOYEE OR RETIRED</td> </tr> <tr> <td>SECONDARY INSURANCE</td> <td>SUBSCRIBER</td> <td>BIRTH DATE</td> </tr> <tr> <td>POLICY #</td> <td>GROUP #</td> <td>EMPLOYEE OR RETIRED</td> </tr> </table> </td> </tr> <tr> <td colspan="2">OTHER INFORMATION</td> <td colspan="2"> NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS
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For leaving a message, use phone number _____ | | SPOUSE / LEGAL GUARDIAN INFORMATION | | <table border="1"> <tr> <td>NAME</td> <td>CLASS</td> <td>PHONE</td> <td>SSN</td> <td>RELATIONSHIP</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td></td> </tr> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>NEW LINE EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> <td></td> </tr> <tr> <td>EMPLOYER ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td></td> </tr> </table> | | NAME | CLASS | PHONE | SSN | RELATIONSHIP | ADDRESS | CITY | STATE | ZIP CODE | | EMPLOYER | OCCUPATION | NEW LINE EMPLOYED | EMPLOYER TELEPHONE | | EMPLOYER ADDRESS | CITY | STATE | ZIP CODE | | INSURANCE INFORMATION | | <table border="1"> <tr> <td>PRIMARY INSURANCE</td> <td>SUBSCRIBER</td> <td>BIRTH DATE</td> </tr> <tr> <td>POLICY #</td> <td>GROUP #</td> <td>EMPLOYEE OR RETIRED</td> </tr> <tr> <td>SECONDARY INSURANCE</td> <td>SUBSCRIBER</td> <td>BIRTH DATE</td> </tr> <tr> <td>POLICY #</td> <td>GROUP #</td> <td>EMPLOYEE OR RETIRED</td> </tr> </table> | | PRIMARY INSURANCE | SUBSCRIBER | BIRTH DATE | POLICY # | GROUP # | EMPLOYEE OR RETIRED | SECONDARY INSURANCE | SUBSCRIBER | BIRTH DATE | POLICY # | GROUP # | EMPLOYEE OR RETIRED | OTHER INFORMATION | | NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS
<table border="1"> <tr> <td>NAME</td> <td>RELATIONSHIP</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>HOME TELEPHONE</td> <td>HOME TELEPHONE</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>EMERGENCY CONTACT</td> <td>RELATIONSHIP</td> <td>TELEPHONE</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table> | | NAME | RELATIONSHIP | ADDRESS | CITY | STATE | ZIP CODE | HOME TELEPHONE | HOME TELEPHONE | 1 | 2 | EMERGENCY CONTACT | RELATIONSHIP | TELEPHONE | 1 | 2 | 3 | SIGNATURE | | DATE | | PHYSICIAN/LEGAL GUARDIAN SIGNATURE
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(A) Yes (B) No
 | STATUS
(A) Single (B) Married (C) Divorced | | | | | | | | |
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 | ZIP CODE | SPECIALTY
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(C) Obstetrics/Gynecology
(D) Family Practice
(E) Internal Medicine
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| SPOUSE / LEGAL GUARDIAN INFORMATION | | <table border="1"> <tr> <td>NAME</td> <td>CLASS</td> <td>PHONE</td> <td>SSN</td> <td>RELATIONSHIP</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td></td> </tr> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>NEW LINE EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> <td></td> </tr> <tr> <td>EMPLOYER ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td></td> </tr> </table>

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