

McLaren Print System Order

Order No: 41946 Reprint Previous Order No: 5607
 Order Date: 2019-01-15
 User: Tracy Spencer
 Phone: 586-493-3732

Ship Location: McLaren Clinton Twp Peds
 22500 Metropolitan Pkwy Ste 200
 Clinton Twp, MI 48035

Forms

Quantity: 100
 Paragon Dept No: 72600
 Dept Name: McLaren Clinton Twp Peds
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-17305B
 Item Description: Child / Adolescent 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
CHILD/ADOLESCENT REGISTRATION Language Preference: English
 Other specify

PARENT INFORMATION

PARENT NAME LAST FIRST MIDDLE LAST-INITIAL
 ADDRESS CITY STATE ZIP CODE
 TELEPHONE HOME FAX
 PARENT LINE POSITION RELATIONSHIP OR OCCUPATION OF

RELIGION
 English
 Spanish
 American Indian
 Chinese
 Korean
 Japanese
 Vietnamese
 Other

ETHNICITY
 American Indian
 African American
 Asian
 Black or African American
 Hispanic or Latino
 Other

RACE
 American Indian
 African American
 Asian
 Black or African American
 Hispanic or Latino
 Other

PARENT GUARDIAN RELATIONSHIP PARENT GUARDIAN RELATIONSHIP

For appointment reminders only, use phone number _____ and E-mail _____
 For leaving a message, use phone number _____

PARENT GUARDIAN INFORMATION

NAME ADDRESS CITY STATE ZIP TELEPHONE HOME FAX
 RELATIONSHIP OCCUPATION EMPLOYER ADDRESS EMPLOYER TELEPHONE HOME LONG-DISTANCE

INSURANCE INFORMATION

PRIMARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME
 SECONDARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

NAME RELATIONSHIP ADDRESS CITY STATE ZIP CODE
 HOME TELEPHONE HOME TELEPHONE
 EMERGENCY CONTACT RELATIONSHIP TELEPHONE

LEGAL GUARDIAN SIGNATURE DATE

DATE SIGNATURE DATE SIGNATURE

MC 17305B-01-16 CHILD REGISTRATION