

## McLaren Print System Order

Order No: 46992 Reprint Previous Order No: 5523  
 Order Date: 2019-07-16  
 User: Kim Brass  
 Phone: 8103001855

Ship Location: MMG Fort Gratiot Dr. Plonka  
 5979 Lakeshore Rd  
 Fort Gratiot, MI 48059

### Forms

Quantity: 500  
 Paragon Dept No: 66225  
 Dept Name: 66225  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-17305A  
 Item Description: Adult Registration  
 Revision Date: 5/2017  
 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:																																													
PATIENT INFORMATION	<table border="1"> <tr> <th>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>INITIAL</th> <th>DOB</th> <th>SEX</th> <th>ETHNICITY</th> <th>RELIGION</th> <th>LANGUAGE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION	LANGUAGE	1									<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>PHONE</th> <th>HOME</th> <th>WORK</th> <th>CELL</th> <th>FAX</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	HOME	WORK	CELL	FAX	1					<table border="1"> <tr> <th>EMERGENCY CONTACT</th> <th>RELATIONSHIP</th> <th>PHONE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	EMERGENCY CONTACT	RELATIONSHIP	PHONE			
	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION	LANGUAGE																																					
	1																																														
	ADDRESS	CITY	STATE	ZIP CODE																																											
PHONE	HOME	WORK	CELL	FAX																																											
1																																															
EMERGENCY CONTACT	RELATIONSHIP	PHONE																																													
<table border="1"> <tr> <th>EMPLOYER</th> <th>OCCUPATION</th> <th>HOW LONG EMPLOYED</th> <th>EMPLOYER TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE					<table border="1"> <tr> <th>EMPLOYER ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	EMPLOYER ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>PREVIOUS CARE PROVIDER</th> <th>REFERRED OR RECOMMENDED BY</th> </tr> <tr> <td></td> <td></td> </tr> </table>	PREVIOUS CARE PROVIDER	REFERRED OR RECOMMENDED BY																											
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																																												
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																																												
PREVIOUS CARE PROVIDER	REFERRED OR RECOMMENDED BY																																														
For appointment reminders only, use phone number and E-mail																																															
For texting & message, use phone number																																															
SPOUSE / LEGAL GUARDIAN INFORMATION	<table border="1"> <tr> <th>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>RELATIONSHIP</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP	1					<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>PHONE</th> <th>HOME</th> <th>WORK</th> <th>CELL</th> <th>FAX</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	HOME	WORK	CELL	FAX	1					<table border="1"> <tr> <th>EMPLOYER</th> <th>OCCUPATION</th> <th>HOW LONG EMPLOYED</th> <th>EMPLOYER TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE											
	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																										
1																																															
ADDRESS	CITY	STATE	ZIP CODE																																												
PHONE	HOME	WORK	CELL	FAX																																											
1																																															
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																																												
<table border="1"> <tr> <th>EMPLOYER ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																																											
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																																												
INSURANCE INFORMATION	<table border="1"> <tr> <th>PRIMARY INSURANCE</th> <th>SUBSCRIBER</th> <th>START DATE</th> </tr> <tr> <td> <table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td></td> <td></td> </tr> </table>	PRIMARY INSURANCE	SUBSCRIBER	START DATE	<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME							<table border="1"> <tr> <th>SECONDARY INSURANCE</th> <th>SUBSCRIBER</th> <th>START DATE</th> </tr> <tr> <td> <table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td></td> <td></td> </tr> </table>	SECONDARY INSURANCE	SUBSCRIBER	START DATE	<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																							
	PRIMARY INSURANCE	SUBSCRIBER	START DATE																																												
<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																											
POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																												
SECONDARY INSURANCE	SUBSCRIBER	START DATE																																													
<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																											
POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																												
OTHER INFORMATION	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS																																														
	<table border="1"> <tr> <th>NAME</th> <th>RELATIONSHIP</th> </tr> <tr> <td></td> <td></td> </tr> </table>	NAME	RELATIONSHIP			<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>HOME TELEPHONE</th> <th>HOME TELEPHONE</th> </tr> <tr> <td>1</td> <td>1</td> </tr> </table>	HOME TELEPHONE	HOME TELEPHONE	1	1	<table border="1"> <tr> <th>EMERGENCY CONTACT</th> <th>RELATIONSHIP</th> <th>TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																								
	NAME	RELATIONSHIP																																													
ADDRESS	CITY	STATE	ZIP CODE																																												
HOME TELEPHONE	HOME TELEPHONE																																														
1	1																																														
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																																													
<table border="1"> <tr> <th>INTERNET/LEGAL GUARDIAN SIGNATURE</th> <th>DATE</th> </tr> <tr> <td></td> <td></td> </tr> </table>	INTERNET/LEGAL GUARDIAN SIGNATURE	DATE																																													
INTERNET/LEGAL GUARDIAN SIGNATURE	DATE																																														
UPDATES	<table border="1"> <tr> <th>DATE</th> <th>SIGNATURE</th> <th>DATE</th> <th>SIGNATURE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	DATE	SIGNATURE	DATE	SIGNATURE																																										
DATE	SIGNATURE	DATE	SIGNATURE																																												