

McLaren Print System Order

Order No: 47859 Reprint Previous Order No: 5523
 Order Date: 2019-08-20
 User: colleen taraskavage
 Phone: 810-658-6503

Ship Location: MMG Davison Community Medical Center
 10090 E Lippincott Blvd
 Davison, Michigan 48423

Forms

Quantity: 500
 Paragon Dept No: 50002
 Dept Name: MMG Davison CMC
 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> <td>PERSON NAME</td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>INITIAL</td> <td>STREET</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>TELEPHONE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>CELL PHONE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>HOW LONG EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> </tr> </table>	PERSON NAME	LAST	FIRST	MIDDLE	INITIAL	STREET	CITY	STATE	ZIP CODE	TELEPHONE	1	2	3	4	5	6	7	CELL PHONE	1	2	3	4	5	6	7	EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE	<table border="1"> <tr> <td> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Other </td> <td> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Other </td> </tr> </table>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Other
	PERSON NAME	LAST	FIRST	MIDDLE	INITIAL	STREET	CITY	STATE	ZIP CODE																								
	TELEPHONE	1	2	3	4	5	6	7																									
	CELL PHONE	1	2	3	4	5	6	7																									
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																														
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Other																																
<table border="1"> <tr> <td>EMPLOYER ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>PREFERRED CARE PROVIDER</td> <td>REFERRED OR RECOMMENDED BY</td> </tr> </table>	EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	PREFERRED CARE PROVIDER	REFERRED OR RECOMMENDED BY	<p>For appointment reminders only, use phone number and E-mail</p> <p>For texting & message, use phone number</p>																										
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																														
PREFERRED CARE PROVIDER	REFERRED OR RECOMMENDED BY																																
SPOUSE / LEGAL GUARDIAN INFORMATION	<table border="1"> <tr> <td>NAME</td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>RELATIONSHIP</td> </tr> <tr> <td>TELEPHONE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>HOW LONG EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP	TELEPHONE	1	2	3	4	ADDRESS	CITY	STATE	ZIP CODE	EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE														
	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																												
TELEPHONE	1	2	3	4																													
ADDRESS	CITY	STATE	ZIP CODE																														
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																														
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 CATEGORIES</td> </tr> <tr> <td>SECONDARY INSURANCE</td> <td>SUBSCRIBER</td> <td>BIRTH DATE</td> </tr> <tr> <td>POLICY #</td> <td>GROUP #</td> <td>EMPLOYEE CATEGORIES</td> </tr> </table>	PRIMARY INSURANCE	SUBSCRIBER	BIRTH DATE	POLICY #	GROUP #	EMPLOYEE CATEGORIES	SECONDARY INSURANCE	SUBSCRIBER	BIRTH DATE	POLICY #	GROUP #	EMPLOYEE CATEGORIES																				
	PRIMARY INSURANCE	SUBSCRIBER	BIRTH DATE																														
POLICY #	GROUP #	EMPLOYEE CATEGORIES																															
SECONDARY INSURANCE	SUBSCRIBER	BIRTH DATE																															
POLICY #	GROUP #	EMPLOYEE CATEGORIES																															
OTHER INFORMATION	<p>NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS</p> <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>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>EMERGENCY CONTACT</td> <td>RELATIONSHIP</td> <td>TELEPHONE</td> </tr> </table>	NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE	HOME TELEPHONE	1	2	3	4	EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																		
	NAME	RELATIONSHIP																															
ADDRESS	CITY	STATE	ZIP CODE																														
HOME TELEPHONE	1	2	3	4																													
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																															
UPDATES	<table border="1"> <tr> <td>INTERNET/LEGAL GUARDIAN SIGNATURE</td> <td>DATE</td> </tr> <tr> <td>DATE</td> <td>SIGNATURE</td> <td>DATE</td> <td>SIGNATURE</td> </tr> </table>	INTERNET/LEGAL GUARDIAN SIGNATURE	DATE	DATE	SIGNATURE	DATE	SIGNATURE																										
	INTERNET/LEGAL GUARDIAN SIGNATURE	DATE																															
DATE	SIGNATURE	DATE	SIGNATURE																														