

**McLaren Print System Order**

Order No: 48185 Reprint Previous Order No: 5607  
 Order Date: 2019-08-29  
 User: Kelly Lewis  
 Phone: 810-496-0916

Ship Location: Midland Occupational and Convenient Care  
 801  
 Midland, MI 48642

**Forms**

Quantity: 500  
 Paragon Dept No: 56062  
 Dept Name: Midland Occupational and Convenient Care  
 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**

PATIENT NAME LAST FIRST MIDDLE LAST  
 ADDRESS CITY STATE ZIP CODE  
 TELEPHONE HOME WORK  
 PATIENT LINE NUMBER  
 RELATIONSHIP OR REGISTRATION ID

LANGUAGE  
 ENGLISH  
 SPANISH  
 HAITIAN  
 ARABIC  
 VIETNAMESE  
 GUATEMALAN  
 HONDURAN  
 DOMINICAN  
 OTHER

ETHNICITY  
 AMERICAN INDIAN  
 ALASKA NATIVE  
 ASIAN  
 BLACK OR AFRICAN AMERICAN  
 HISPANIC OR LATINO  
 PACIFIC ISLANDER  
 OTHER

SEX  
 MALE  
 FEMALE  
 OTHER

BIRTH DATE  
 BIRTH PLACE  
 SOCIAL SECURITY NUMBER

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 WORK  
 EMPLOYER  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE HOME LINE EMPLOYED

NAME  
 ADDRESS  
 CITY STATE ZIP  
 TELEPHONE HOME WORK  
 EMPLOYER  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE HOME LINE EMPLOYED

**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**

SIGNATURE DATE  
 SIGNATURE DATE

UPDATES

MC 17305B-01 CHILD REGISTRATION