

## McLaren Print System Order

Order No: 48400 Reprint Previous Order No: 5607  
 Order Date: 2019-09-04  
 User: Dawn Caspers  
 Phone: 248-674-0388

Ship Location: Attn Dawn Caspers  
 3901 Highland Rd Suite D  
 Waterford , MI 48328

### Forms

Quantity: 500  
 Paragon Dept No: 73650  
 Dept Name:  
 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  
 ADDRESS CITY STATE ZIP CODE  
 TELEPHONE HOME FAX  
 PARENT LINE POSITION RELATIONSHIP OR OCCUPATION OF PARENT

RELATIONSHIP OCCUPATION  
 RELATIONSHIP OCCUPATION

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  
 P MAIL ADDRESS EMPLOYER OCCUPATION  
 EMPLOYER ADDRESS EMPLOYER TELEPHONE HOME LINE EMPLOYED

NAME ADDRESS CITY STATE ZIP  
 TELEPHONE HOME FAX  
 P MAIL ADDRESS EMPLOYER OCCUPATION  
 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

**OTHER INFORMATION**

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS  
 NAME RELATIONSHIP ADDRESS CITY STATE ZIP CODE  
 HOME TELEPHONE HOME TELEPHONE  
 EMERGENCY CONTACT RELATIONSHIP TELEPHONE

**UPDATES**

PHYSICIAN SIGNATURE DATE  
 DATE SIGNATURE DATE SIGNATURE

MC 17305B-01-16 CHILD REGISTRATION