

## McLaren Print System Order

Order No: 48452 Reprint Previous Order No: 5607  
 Order Date: 2019-09-04  
 User: Jennifer Fraser  
 Phone: 248-620-2325

Ship Location: McLaren Center for Orthopedic Surgery  
 5701 Bow Pointe Drive, Suite 300  
 Clarkston, Mi 48346

### Forms

Quantity: 500  
 Paragon Dept No: 57008  
 Dept Name: McLaren Center for Orthopedic Surgery  
 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** Language Preference: English  
**CHILD/ADOLESCENT REGISTRATION** Other specify:

**PARENT INFORMATION**

PARENT 1  
 PARENT 2  
 PARENT 3  
 PARENT 4  
 PARENT 5  
 PARENT 6  
 PARENT 7  
 PARENT 8  
 PARENT 9  
 PARENT 10  
 PARENT 11  
 PARENT 12  
 PARENT 13  
 PARENT 14  
 PARENT 15  
 PARENT 16  
 PARENT 17  
 PARENT 18  
 PARENT 19  
 PARENT 20

NAME: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 HOME TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_  
 PARENT 1 LINE POSITION: \_\_\_\_\_ PARENT 2 LINE POSITION: \_\_\_\_\_  
 PARENT 1 RELATIONSHIP: \_\_\_\_\_ PARENT 2 RELATIONSHIP: \_\_\_\_\_  
 For appointment reminders only, use phone number \_\_\_\_\_ and E-mail \_\_\_\_\_  
 For leaving a message, use phone number \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 HOME TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_  
 P MAIL ADDRESS: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 EMPLOYER ADDRESS: \_\_\_\_\_  
 EMPLOYER TELEPHONE: \_\_\_\_\_ HOME/CELL/MOBILE: \_\_\_\_\_  
 NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 HOME TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_  
 P MAIL ADDRESS: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 EMPLOYER ADDRESS: \_\_\_\_\_  
 EMPLOYER TELEPHONE: \_\_\_\_\_ HOME/CELL/MOBILE: \_\_\_\_\_

**INSURANCE INFORMATION**

PRIMARY INSURANCE: \_\_\_\_\_ SUBSCRIBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
 POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_ EMPLOYER EMPANORSED: \_\_\_\_\_ GROUP NAME: \_\_\_\_\_  
 SECONDARY INSURANCE: \_\_\_\_\_ SUBSCRIBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
 POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_ EMPLOYER EMPANORSED: \_\_\_\_\_ GROUP NAME: \_\_\_\_\_

**NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**LEGAL GUARDIAN SIGNATURE**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

UPDATES: \_\_\_\_\_ CHILD REGISTRATION