

## McLaren Print System Order

Order No: 50097 Reprint Previous Order No: 5607  
 Order Date: 2019-11-05  
 User: nancy lis  
 Phone: 586-294-5210

Ship Location: McLaren Lakeshore Medical Center  
 33720 Harper Avenue  
 Clinton Twp, MI 48035

### Forms

Quantity: 500  
 Paragon Dept No: 72650  
 Dept Name: McLaren Lakeshore Medical Center  
 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 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: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 E MAIL ADDRESS: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 EMPLOYER ADDRESS: \_\_\_\_\_  
 EMPLOYER TELEPHONE: \_\_\_\_\_ HOME/CELL/EMPLOYEE: \_\_\_\_\_

NAME: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 HOME TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 E MAIL ADDRESS: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 EMPLOYER ADDRESS: \_\_\_\_\_  
 EMPLOYER TELEPHONE: \_\_\_\_\_ HOME/CELL/EMPLOYEE: \_\_\_\_\_

**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: \_\_\_\_\_  
 HOME TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**LEGAL GUARDIAN SIGNATURE**  
 NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

100-17305B-01-01 CHILD REGISTRATION