

## McLaren Print System Order

Order No: 50941 Reprint Previous Order No: 5523  
 Order Date: 2019-12-11  
 User: Julie Hawkins  
 Phone: 231-487-3295

Ship Location: McLaren Northern, Burns Bldg attn: Julie Hawkins  
 560 W Mitchell, Suite 160  
 Petoskey, MI 49970

### Forms

Quantity: 500  
 Paragon Dept No: 77250  
 Dept Name: Nephrology  
 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> <th>PERSON NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>IF PAID (IF PAID)</th> <th>STATUS (IF PAID)</th> <th>IF WOMAN (IF WOMAN)</th> <th>IF OTHER (IF OTHER)</th> <th>DATE</th> </tr> <tr> <td colspan="8"></td> </tr> </table>	PERSON NAME	LAST	FIRST	MIDDLE	IF PAID (IF PAID)	STATUS (IF PAID)	IF WOMAN (IF WOMAN)	IF OTHER (IF OTHER)	DATE									<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td colspan="4"></td> </tr> </table>		ADDRESS	CITY	STATE	ZIP CODE							
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