

**McLaren Print System Order**

Order No: 55400 Reprint Previous Order No: 5607  
 Order Date: 2020-07-15  
 User: Victoria Tijerina  
 Phone: 5173031371

Ship Location: Grand Ledge OB/GYN  
 1035 Charlevoix Dr Ste 200  
 Grand Ledge, MI 48837

**Forms**

Quantity: 100  
 Paragon Dept No: 51015  
 Dept Name: Grand Ledge OB/GYN  
 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 SEX (M/F) LANGUAGE (English, Spanish, Chinese, Vietnamese, Korean, Tagalog, Hindi, Urdu, Bengali, Gujarati, Punjabi, Arabic, Russian, Polish, Portuguese, French, German, Italian, Japanese, Vietnamese, Chinese, Korean, Tagalog, Hindi, Urdu, Bengali, Gujarati, Punjabi, Arabic, Russian, Polish, Portuguese, French, German, Italian, Japanese)

ADDRESS CITY STATE ZIP PHONE ( ) - ( ) - ( ) - ( ) - ( ) - ( ) FAX ( ) - ( ) - ( ) - ( ) - ( ) - ( )

RELATIONSHIP 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 PHONE ( ) - ( ) - ( ) - ( ) - ( ) - ( ) FAX ( ) - ( ) - ( ) - ( ) - ( ) - ( )

EMPLOYER OCCUPATION EMPLOYER ADDRESS EMPLOYER TELEPHONE HOME/CELL/EMPLOYEE ( ) - ( ) - ( ) - ( ) - ( ) - ( )

**INSURANCE INFORMATION**

PRIMARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME RELATIONSHIP BIRTH DATE

SECONDARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME RELATIONSHIP BIRTH DATE

**OTHER INFORMATION**

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

NAME RELATIONSHIP ADDRESS CITY STATE ZIP PHONE ( ) - ( ) - ( ) - ( ) - ( ) - ( ) FAX ( ) - ( ) - ( ) - ( ) - ( ) - ( )

EMERGENCY CONTACT RELATIONSHIP TELEPHONE ( ) - ( ) - ( ) - ( ) - ( ) - ( )

**UPDATES**

PHYSICIAN SIGNATURE DATE DATE SIGNATURE DATE SIGNATURE

MC 17305B-01-16 CHILD REGISTRATION