

McLaren Print System Order

Order No: 55874 Reprint Previous Order No: 5607
 Order Date: 2020-08-03
 User: Dawn Ward
 Phone: 989-345-9970

Ship Location: McLaren Primary Care (Attn: Cheryl McFarland)
 2110 South M-76, Suite7
 West Branch, MI 48661,

Forms

Quantity: 1000
 Paragon Dept No: 69200
 Dept Name: Primary Care West Branch
 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

PATIENT NAME LAST FIRST MIDDLE LAST
 ADDRESS CITY STATE ZIP CODE
 TELEPHONE HOME WORK
 PATIENT CARE PROVIDER
 RELATIONSHIP OR REGISTRATION BY

LANGUAGE
 ENGLISH
 SPANISH
 HAITIAN
 ARABIC
 VIETNAMESE
 OTHER

ETHNICITY
 AMERICAN INDIAN
 ALASKA NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 HISPANIC OR LATINO
 PACIFIC ISLANDER
 OTHER

SEX
 MALE
 FEMALE
 OTHER

BIRTH DATE
 BIRTH PLACE
 CURRENT ADDRESS
 EMPLOYER OCCUPATION
 EMPLOYER ADDRESS
 EMPLOYER TELEPHONE HOME LONG-DISTANCE

PARENT/GUARDIAN RELATIONSHIP
 PARENT/GUARDIAN 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
 TELEPHONE HOME WORK
 FAX
 E MAIL ADDRESS
 EMPLOYER OCCUPATION
 EMPLOYER ADDRESS
 EMPLOYER TELEPHONE HOME LONG-DISTANCE

NAME
 ADDRESS
 CITY STATE ZIP
 TELEPHONE HOME WORK
 FAX
 E MAIL ADDRESS
 EMPLOYER OCCUPATION
 EMPLOYER ADDRESS
 EMPLOYER TELEPHONE HOME LONG-DISTANCE

INSURANCE INFORMATION

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

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

OTHER INFORMATION

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

PHYSICIAN SIGNATURE DATE
 DATE SIGNATURE DATE SIGNATURE

UPDATES

MC 17305B-01-16 CHILD REGISTRATION