

**McLaren Print System Order**

Order No: 56319 Reprint Previous Order No: 5523  
 Order Date: 2020-08-26  
 User: Heidi Holbrook  
 Phone: 989-393-2777

Ship Location: McLaren Bay Orthopedic and Spine Surgery Uptown  
 4 Columbus Ave Ste 160  
 Bay City, MI 48708

**Forms**

Quantity: 1000  
 Paragon Dept No: 69150  
 Dept Name: McLaren Bay Orthopedic and Spine Surgery Uptown  
 Company Number: 810

Order Total Price: 33.50

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: 2 Hole Top  
 Misc Info:

MCLAREN MEDICAL GROUP ADULT REGISTRATION		Language Preference: English Other specify:																																											
PATIENT INFORMATION	<table border="1"> <tr> <td>PERSON NAME</td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>INITIAL</td> <td>STREET</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>TELEPHONE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>CELL PHONE</td> <td colspan="2">E-MAIL ADDRESS</td> <td colspan="2">BIRTH DATE</td> <td colspan="2">SEX</td> <td>RELATIONSHIP</td> </tr> <tr> <td colspan="2">EMPLOYER</td> <td colspan="2">OCCUPATION</td> <td colspan="2">HOW LONG EMPLOYED</td> <td colspan="2">EMPLOYER TELEPHONE</td> </tr> <tr> <td colspan="2">EMPLOYER ADDRESS</td> <td colspan="2">CITY</td> <td colspan="2">STATE</td> <td colspan="2">ZIP CODE</td> </tr> </table>	PERSON NAME	LAST	FIRST	MIDDLE	INITIAL	STREET	CITY	STATE	ZIP CODE	TELEPHONE	1	2	3	4	5	6	7	CELL PHONE	E-MAIL ADDRESS		BIRTH DATE		SEX		RELATIONSHIP	EMPLOYER		OCCUPATION		HOW LONG EMPLOYED		EMPLOYER TELEPHONE		EMPLOYER ADDRESS		CITY		STATE		ZIP CODE		<table border="1"> <tr> <td> <input type="checkbox"/> English  <input type="checkbox"/> Spanish  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Chinese  <input type="checkbox"/> Tagalog  <input type="checkbox"/> Hindi  <input type="checkbox"/> Urdu  <input type="checkbox"/> Arabic  <input type="checkbox"/> Russian  <input type="checkbox"/> Polish  <input type="checkbox"/> Other                 </td> <td> <input type="checkbox"/> English  <input type="checkbox"/> Spanish  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Chinese  <input type="checkbox"/> Tagalog  <input type="checkbox"/> Hindi  <input type="checkbox"/> Urdu  <input type="checkbox"/> Arabic  <input type="checkbox"/> Russian  <input type="checkbox"/> Polish  <input type="checkbox"/> Other                 </td> </tr> </table>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Other
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