

## McLaren Print System Order

Order No: 56644 Reprint Previous Order No: 5523  
 Order Date: 2020-09-04  
 User: Verna Lee  
 Phone: 989-370-2708

Ship Location: McLaren Primary Care - Attn: April T  
 1360 N St Helen Rd  
 St Helen, MI 48656

### Forms

Quantity: 100  
 Paragon Dept No: 69260  
 Dept Name: McLaren Standish Internal Medicine  
 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> <td>NAME</td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>RELATIONSHIP</td> </tr> <tr> <td>TELEPHONE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td></td> </tr> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>HOW LONG EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> <td></td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP	TELEPHONE	1	2	3	4	ADDRESS	CITY	STATE	ZIP CODE		EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE		<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"/> Russian  <input type="checkbox"/> Arabic  <input type="checkbox"/> Hindi  <input type="checkbox"/> Urdu  <input type="checkbox"/> Bengali  <input type="checkbox"/> Gujarati  <input type="checkbox"/> Korean  <input type="checkbox"/> Japanese  <input type="checkbox"/> Polish  <input type="checkbox"/> Portuguese  <input type="checkbox"/> Slovak  <input type="checkbox"/> Thai  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other                 </td> <td> <input type="checkbox"/> Male  <input type="checkbox"/> Female  <input type="checkbox"/> Other                 </td> <td> <input type="checkbox"/> Birth date  <input type="checkbox"/> Social Security Number  <input type="checkbox"/> Driver License Number  <input type="checkbox"/> Medicare Number  <input type="checkbox"/> Medicaid Number  <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"/> Russian <input type="checkbox"/> Arabic <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Bengali <input type="checkbox"/> Gujarati <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Slovak <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Birth date <input type="checkbox"/> Social Security Number <input type="checkbox"/> Driver License Number <input type="checkbox"/> Medicare Number <input type="checkbox"/> Medicaid Number <input type="checkbox"/> Other
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