

## McLaren Print System Order

Order No: 56989 Reprint Previous Order No: 5607  
 Order Date: 2020-09-22  
 User: Victoria Tijerina  
 Phone: 5173031371

Ship Location: Grand Ledge Health Center  
 1035 Charlevoix Dr Ste 200  
 Grand Ledge , MI 48837

### Forms

Quantity: 500  
 Paragon Dept No: 51015  
 Dept Name: McLaren Grand Ledge  
 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 LAST (optional) LANGUAGE OTHER SPECIFY SEX  
 ADDRESS CITY STATE ZIP CODE  
 TELEPHONE HOME FAX  
 PARENT LINE POSITION RELATIONSHIP TO REGISTERED PATIENT  
 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 FAX  
 EMPLOYER OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE HOME LONG-DISTANCE  
 NAME ADDRESS CITY STATE ZIP  
 TELEPHONE HOME FAX  
 EMPLOYER OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE HOME LONG-DISTANCE

**INSURANCE INFORMATION**

PRIMARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME  
 SECONDARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME

**NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS**

NAME RELATIONSHIP  
 ADDRESS CITY STATE ZIP CODE  
 HOME TELEPHONE HOME TELEPHONE  
 EMERGENCY CONTACT RELATIONSHIP TELEPHONE

**LEGAL GUARDIAN SIGNATURE** DATE

DATE SIGNATURE DATE SIGNATURE

MC 17305B-01-16 CHILD REGISTRATION