

## McLaren Print System Order

Order No: 62413 Reprint Previous Order No: 5607  
 Order Date: 2021-05-14  
 User: Diana Garver  
 Phone: 989-779-5262

Ship Location: McLaren Central - Health Park 7 - Attn: Diana  
 2940 Health Parkway  
 Mt Pleasant, MI 48858

### Forms

Quantity: 500  
 Paragon Dept No: 53017  
 Dept Name: Health Park 7  
 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) OCCUPATION (M/F) ETHNICITY (M/F) RACE (M/F)  
 ADDRESS CITY STATE ZIP PHONE HOME FAX CELL PHONE  
 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 CELL PHONE  
 E MAIL ADDRESS EMPLOYER OCCUPATION EMPLOYER ADDRESS EMPLOYER TELEPHONE HOME LINE EMPLOYED

**INSURANCE INFORMATION**

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

**NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS**

NAME RELATIONSHIP ADDRESS CITY STATE ZIP PHONE HOME FAX CELL PHONE  
 EMERGENCY CONTACT RELATIONSHIP TELEPHONE

**LEGAL GUARDIAN SIGNATURE** DATE

DATE SIGNATURE DATE SIGNATURE

MC 17305B-01-16 CHILD REGISTRATION