

**McLaren Print System Order**

Order No: 62767 Reprint Previous Order No: 5607  
 Order Date: 2021-06-02  
 User: Kelly Lewis  
 Phone: 231-348-2828

Ship Location: Northern Michigan MedCenter Petoskey North  
 1890 US 131 Unit 4  
 Petoskey, MI 49770

**Forms**

Quantity: 500  
 Paragon Dept No: 50724  
 Dept Name: Petoskey North  
 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-INITIAL  
 ADDRESS CITY STATE ZIP-CODE  
 TELEPHONE HOME FAX  
 PARENT LINE POSITION RELATIONSHIP TO REGISTERED PATIENT

RELIGION  
 English  Spanish  American Indian  
 Chinese  Korean  American Indian  
 Japanese  Vietnamese  Other Indian  
 Arabic  Russian  Greek  African  
 Polish  Italian  French  
 German  Czech  Slovak  
 Croatian  Serbian  Slovenian  
 Hungarian  Romanian  Bulgarian  
 Persian  Urdu  
 Other (Specify)

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

**INSURANCE INFORMATION**

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

**OTHER INFORMATION**

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

**UPDATES**

PHYSICIAN SIGNATURE DATE  
 DATE SIGNATURE DATE SIGNATURE

MC 17305B-01-01 CHILD REGISTRATION