

## McLaren Print System Order

Order No: 6331  
 Order Date: 2014-10-08  
 User: McCorry Debbie  
 Phone: 77357

Ship Location: McLaren Lapeer Region Community Medical Center  
 1254 Main  
 Lapeer, MI 48446

Forms  
 Quantity: 2500  
 Paragon Dept No: 65000  
 Dept Name: McLaren Lapeer Region Community Medical Center  
 Company Number: 810

Order Total Price: 81.75

Item Number: MM-17305B  
 Item Description: Child / Adolescent Registration  
 Revision Date:  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: 5 Hole Top  
 Misc Info:

MCLAREN MEDICAL GROUP		Language Preference: <input type="radio"/> English																																																															
CHILD/ADOLESCENT REGISTRATION		<input type="radio"/> Other specify																																																															
PATIENT INFORMATION	FIRST NAME: _____ LAST: _____ PREFIX: _____ SUFFIX: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____ FAX: _____ PRIMARY CARE PHYSICIAN: _____	<input type="checkbox"/> Healthy <input type="checkbox"/> Sick <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Other specify																																																															
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