

## McLaren Print System Order

Order No: 7274  
 Order Date: 2014-11-21  
 User: Deanna Braidwood  
 Phone: 586-465-2000

Ship Location: McLaren Macomb Family Medicine Shelby Creek  
 8180 26 Mile Rd. Suite 101A  
 Shelby Township, MI 48316

### Forms

Quantity: 100  
 Paragon Dept No: 72700  
 Dept Name: McLaren Macomb Family Medicine Shelby Creek  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-17305B  
 Item Description: Child / Adolescent Registration  
 Revision Date: 5/2013  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

McLAREN MEDICAL GROUP Language Preference:  English  
 Other specify

CHILD/ADOLESCENT REGISTRATION

PATIENT INFORMATION

NAME: LAST FIRST MIDDLE INITIAL  
 ADDRESS: CITY STATE ZIP CODE  
 TELEPHONE: HOME WORK SCHOOL FAX  
 EMPLOYER ADDRESS: EMPLOYER TELEPHONE: NOW UNEMPLOYED

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1: NAME, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE, EMPLOYER ADDRESS, EMPLOYER TELEPHONE, NOW UNEMPLOYED, RELATIONSHIP

PARENT/GUARDIAN 2: NAME, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE, EMPLOYER ADDRESS, EMPLOYER TELEPHONE, NOW UNEMPLOYED, RELATIONSHIP

INSURANCE INFORMATION

PRIMARY INSURANCE: POLICY #, GROUP #, EMPLOYER/ORGANIZATION, GROUP NAME, INSURANCE COMPANY TELEPHONE, INSURANCE TELEPHONE

SECONDARY INSURANCE: NAME, ADDRESS, CITY, STATE, ZIP CODE, POLICY #, GROUP #, EMPLOYER/ORGANIZATION, GROUP NAME, INSURANCE COMPANY TELEPHONE, INSURANCE TELEPHONE

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS: NAME, ADDRESS, CITY, STATE, ZIP CODE, HOME TELEPHONE, WORK TELEPHONE, RELATIONSHIP, TELEPHONE

OTHER INFORMATION

INTERNATIONAL GUARDIAN SIGNATURE: SIGNATURE DATE

UPDATES: LAST SIGNATURE DATE SIGNATURE

MM-17305B-0100 CHILD REGISTRATION