

**McLaren Print System Order**

Order No: 8011  
 Order Date: 2015-01-07  
 User: Dolores Guy  
 Phone: Dodge Park

Ship Location: Dolores Guy  
 35111 Dodge Park  
 Sterling Heights, MI 48312

Forms  
 Quantity: 100  
 Paragon Dept No: 72500  
 Dept Name: McLaren Pediatrics  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-17305A  
 Item Description: Adult 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 ADULT REGISTRATION		Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Other specify		
PATIENT INFORMATION	FIRST NAME LAST FIRST INITIAL BIRTH DATE ADDRESS CITY STATE ZIP CODE ZIP CODE TELEPHONE FAX CELL PHONE HOME ADDRESS EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE EMPLOYER ADDRESS CITY STATE ZIP CODE	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other	RACE <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Race <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> North American Native <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Native to America	
	PRIMARY CARE PHYSICIAN REFERRED BY/RECOMMENDED BY NAME LAST FIRST INITIAL RELATIONSHIP ADDRESS CITY STATE ZIP CODE EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE EMPLOYER ADDRESS CITY STATE ZIP CODE			
	PRIMARY INSURANCE ADDRESS CITY STATE ZIP CODE POLICY # SPECIAL EMPLOYEE ORGANIZATION SPECIAL NAME INSURANCE COMPANY TELEPHONE INSURANCE TELEPHONE			
	SECONDARY INSURANCE ADDRESS CITY STATE ZIP CODE POLICY # SPECIAL EMPLOYEE ORGANIZATION SPECIAL NAME INSURANCE COMPANY TELEPHONE INSURANCE TELEPHONE			
NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS	NAME RELATIONSHIP ADDRESS CITY STATE ZIP CODE HOME TELEPHONE HOME TELEPHONE EMERGENCY CONTACT RELATIONSHIP TELEPHONE			
	REFERRED BY LEGAL GUARDIAN SIGNATURE DATE NAME SIGNATURE DATE SIGNATURE			
REPORTED BY				