

**McLaren Print System Order**

Order No: 8310 Reprint Previous Order No: 5523  
 Order Date: 2015-01-20  
 User: Diana Garver  
 Phone: 989-386-8170

Ship Location: Clare Clinic - Attn: Kimberlee  
 1509 N. McEwan  
 Clare, MI 48617

**Forms**

Quantity: 500  
 Paragon Dept No: 75075  
 Dept Name: Clare Clinic  
 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 MIWA BIRTH DATE ADDRESS CITY STATE ZIP CODE ZIP CODE TELEPHONE FAX OCCUPATION 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"/> Married (Partner/Spouse) <input type="checkbox"/> Other <input type="checkbox"/> Married (Partner/Spouse) <input type="checkbox"/> Other <input type="checkbox"/> Married (Partner/Spouse) <input type="checkbox"/> Other <input type="checkbox"/> Married (Partner/Spouse) <input type="checkbox"/> Other <input type="checkbox"/> Married (Partner/Spouse) <input type="checkbox"/> Other	SEX MARRIAGE STATUS ETHNICITY RACE HISPANIC OR LATINO RELIGION	
	PRIMARY CARE PHYSICIAN NAME LAST FIRST MIWA BIRTH DATE ADDRESS CITY STATE ZIP CODE OCCUPATION EMPLOYER TELEPHONE EMPLOYER ADDRESS CITY STATE ZIP CODE	REFERRED OR RECOMMENDED BY NAME LAST FIRST MIWA BIRTH DATE ADDRESS CITY STATE ZIP CODE OCCUPATION 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 LAST FIRST MIWA BIRTH DATE ADDRESS CITY STATE ZIP CODE HOME TELEPHONE HOME TELEPHONE EMERGENCY CONTACT RELATIONSHIP TELEPHONE			
OTHER INFORMATION	REFERENTIAL SOURCE SIGNATURE DATE			
	DATE SIGNATURE DATE SIGNATURE			