

## McLaren Print System Order

Order No: 42189 Reprint Previous Order No: 5607  
 Order Date: 2019-01-24  
 User: Dawn Caspers  
 Phone: 248-674-0388

Ship Location: Attn Dawn Caspers  
 4000 Highland Rd Suite 114  
 Waterford , MI 48328

### Forms

Quantity: 500  
 Paragon Dept No: 73050  
 Dept Name:  
 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		Language Preference: English	
CHILD/ADOLESCENT REGISTRATION		Other specify	
PARENT INFORMATION		LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Arabic <input type="checkbox"/> Hindi <input type="checkbox"/> Bengali <input type="checkbox"/> Gujarati <input type="checkbox"/> Punjabi <input type="checkbox"/> Other	
FIRST NAME LAST FIRST PHONE STATE ZIP COUNTRY ADDRESS CITY STATE ZIP COUNTRY TELEPHONE FAX HOME PHONE CELL PHONE E MAIL ADDRESS OCCUPATION EMPLOYER ADDRESS EMPLOYER TELEPHONE NEW LINE EMPLOYED		SEX BIRTH DATE BIRTH PLACE RACE ETHNICITY RELIGION MARITAL STATUS CURRENT RESIDENCE RELATIONSHIP PARENT/GUARDIAN RELATIONSHIP	
For appointment reminders only, use phone number _____ and E-mail _____ For leaving a message, use phone number _____			
PARENT/GUARDIAN INFORMATION		PARENT/GUARDIAN INFORMATION	
NAME ADDRESS CITY STATE ZIP COUNTRY TELEPHONE FAX HOME PHONE CELL PHONE E MAIL ADDRESS OCCUPATION EMPLOYER ADDRESS EMPLOYER TELEPHONE NEW LINE EMPLOYED		NAME ADDRESS CITY STATE ZIP COUNTRY TELEPHONE FAX HOME PHONE CELL PHONE E MAIL ADDRESS OCCUPATION EMPLOYER ADDRESS EMPLOYER TELEPHONE NEW LINE EMPLOYED	
INSURANCE INFORMATION		INSURANCE INFORMATION	
PRIMARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME SECONDARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME		BIRTH DATE BIRTH DATE	
OTHER INFORMATION		OTHER INFORMATION	
NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS NAME RELATIONSHIP ADDRESS CITY STATE ZIP COUNTRY HOME TELEPHONE HOME TELEPHONE EMERGENCY CONTACT RELATIONSHIP TELEPHONE		BIRTH DATE BIRTH DATE	
UNLAWFUL GUARDIAN SIGNATURE DATE DATE SIGNATURE DATE SIGNATURE			