

## McLaren Print System Order

Order No: 43812 Reprint Previous Order No: 5607  
 Order Date: 2019-03-25  
 User: Victoria Tijerina  
 Phone: 5173031371

Ship Location: Grand Ledge OB/GYN  
 1035 Charlevoix St  
 Grand Ledge, MI 48837

### Forms

Quantity: 1000  
 Paragon Dept No: 51015  
 Dept Name: Grand Ledge OB/GYN  
 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  
**CHILD/ADOLESCENT REGISTRATION** Language Preference: English  
 Other specify

**PARENT INFORMATION**

PARENT NAME LAST FIRST MIDDLE LAST-INITIAL  
 ADDRESS CITY STATE ZIP-CODE  
 TELEPHONE HOME FAX  
 PARENT LINE POSITION RELATIONSHIP OR OCCUPATION OF

RELIGION  
 English  
 Spanish  
 Chinese  
 Vietnamese  
 Korean  
 Tagalog  
 Russian  
 Arabic  
 Hindi  
 Other

ETHNICITY  
 American Indian  
 Alaska Native  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  
 White

SEX  
 Male  
 Female  
 Other

PARENT/GUARDIAN RELATIONSHIP PARENT/GUARDIAN RELATIONSHIP

For appointment reminders only, use phone number \_\_\_\_\_ and E-mail \_\_\_\_\_  
 For leaving a message, use phone number \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

NAME ADDRESS CITY STATE ZIP  
 TELEPHONE HOME FAX  
 RELATIONSHIP OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE HOME LONG-DISTANCE

**INSURANCE INFORMATION**

PRIMARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME  
 SECONDARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME

**OTHER INFORMATION**

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS  
 NAME RELATIONSHIP  
 ADDRESS CITY STATE ZIP-CODE  
 HOME TELEPHONE HOME TELEPHONE  
 EMERGENCY CONTACT RELATIONSHIP TELEPHONE

**UPDATES**

PHYSICIAN SIGNATURE DATE  
 DATE SIGNATURE DATE SIGNATURE

MC 17305B-01 CHILD REGISTRATION