

McLaren Print System Order

Order No: 47643 Reprint Previous Order No: 5523
 Order Date: 2019-08-12
 User: Jessica Smith
 Phone: 989-773-1166

Ship Location: McLaren Central ReadyCare/ attn: Jessica
 1523 S. Mission St.
 Mt. Pleasant , Mi 48858

Forms

Quantity: 500
 Paragon Dept No: 75400
 Dept Name: Central ReadyCare
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-17305A
 Item Description: Adult Registration
 Revision Date: 5/2017
 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: English Other specify:																																							
PATIENT INFORMATION	<table border="1"> <tr> <th>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>INITIAL</th> <th>DOB</th> <th>SEX</th> <th>ETHNICITY</th> <th>RELIGION</th> <th>LANGUAGE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION	LANGUAGE	1									<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>PHONE</th> <th>HOME</th> <th>WORK</th> <th>CELL</th> <th>FAX</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	HOME	WORK	CELL	FAX	1				
	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION	LANGUAGE																															
	1																																								
	ADDRESS	CITY	STATE	ZIP CODE																																					
PHONE	HOME	WORK	CELL	FAX																																					
1																																									
<table border="1"> <tr> <th>EMPLOYER</th> <th>OCCUPATION</th> <th>HOW LONG EMPLOYED</th> <th>EMPLOYER TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE					<table border="1"> <tr> <th>EMPLOYER ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		EMPLOYER ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>EMERGENCY CONTACT</th> <th>RELATIONSHIP</th> <th>TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																			
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																																						
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																																						
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																																							
<table border="1"> <tr> <th>PRESENT CARE PROVIDER</th> <th>REFERRED OR RECOMMENDED BY</th> </tr> <tr> <td></td> <td></td> </tr> </table>		PRESENT CARE PROVIDER	REFERRED OR RECOMMENDED BY			<p>For appointment reminders only, use phone number and E-mail</p> <p>For texting & message, use phone number</p>																																			
PRESENT CARE PROVIDER	REFERRED OR RECOMMENDED BY																																								
<table border="1"> <tr> <th>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>RELATIONSHIP</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		NAME	LAST	FIRST	MIDDLE	RELATIONSHIP	1					<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		ADDRESS	CITY	STATE	ZIP CODE																								
NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																					
1																																									
ADDRESS	CITY	STATE	ZIP CODE																																						
<table border="1"> <tr> <th>EMPLOYER</th> <th>OCCUPATION</th> <th>HOW LONG EMPLOYED</th> <th>EMPLOYER TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE					<table border="1"> <tr> <th>EMPLOYER ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																										
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																																						
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																																						
<table border="1"> <tr> <th>PRIMARY INSURANCE</th> <th>SUBSCRIBER</th> <th>START DATE</th> </tr> <tr> <td> <table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td></td> <td></td> </tr> </table>		PRIMARY INSURANCE	SUBSCRIBER	START DATE	<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME							<table border="1"> <tr> <th>SECONDARY INSURANCE</th> <th>SUBSCRIBER</th> <th>START DATE</th> </tr> <tr> <td> <table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td></td> <td></td> </tr> </table>		SECONDARY INSURANCE	SUBSCRIBER	START DATE	<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																
PRIMARY INSURANCE	SUBSCRIBER	START DATE																																							
<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																					
POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																						
SECONDARY INSURANCE	SUBSCRIBER	START DATE																																							
<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																					
POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																						
<table border="1"> <tr> <th colspan="5">NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS</th> </tr> <tr> <th>NAME</th> <th>RELATIONSHIP</th> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS					NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE	1						<table border="1"> <tr> <th>HOME TELEPHONE</th> <th>HOME TELEPHONE</th> <th>TELEPHONE</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>		HOME TELEPHONE	HOME TELEPHONE	TELEPHONE	1			<table border="1"> <tr> <th>EMERGENCY CONTACT</th> <th>RELATIONSHIP</th> <th>TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE											
NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS																																									
NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE																																				
1																																									
HOME TELEPHONE	HOME TELEPHONE	TELEPHONE																																							
1																																									
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																																							
<table border="1"> <tr> <th>INTERNETUAL SIGNATURE</th> <th>DATE</th> </tr> <tr> <td></td> <td></td> </tr> </table>		INTERNETUAL SIGNATURE	DATE			<table border="1"> <tr> <th>DATE</th> <th>SIGNATURE</th> <th>DATE</th> <th>SIGNATURE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		DATE	SIGNATURE	DATE	SIGNATURE																														
INTERNETUAL SIGNATURE	DATE																																								
DATE	SIGNATURE	DATE	SIGNATURE																																						