

## McLaren Print System Order

Order No: 49505 Reprint Previous Order No: 5523  
 Order Date: 2019-10-16  
 User: Jessica Smith  
 Phone: 989-773-1166

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

### Forms

Quantity: 1000  
 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** Language Preference: English  
**ADULT REGISTRATION** Other specify:

**PATIENT INFORMATION**

PERSON NAME	LAST	FIRST	MIDDLE	SEX	DOB	ETHNICITY	RELIGION	LANGUAGE
ADDRESS		CITY	STATE	ZIP CODE	<input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <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"/> Urdu <input type="checkbox"/> Persian <input type="checkbox"/> Turkish <input type="checkbox"/> Other			
TELEPHONE	HOME	BIRTH DATE						
CELL PHONE	E-MAIL ADDRESS							
EMPLOYER	OCCUPATION		HOW LONG EMPLOYED		EMPLOYER TELEPHONE			
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE				
PREVIOUS CARE PROVIDER				REFERRED OR RECOMMENDED BY				

For appointment reminders only, use phone number and E-mail

For texting & message, use phone number

**SPOUSE / LEGAL GUARDIAN INFORMATION**

NAME	LAST	FIRST	MIDDLE	RELATIONSHIP
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE	HOME	BIRTH DATE		
CELL PHONE	E-MAIL ADDRESS			
EMPLOYER	OCCUPATION		HOW LONG EMPLOYED	
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE

**INSURANCE INFORMATION**

PRIMARY INSURANCE	SUBSCRIBER		BIRTH DATE
POLICY #	GROUP #	EMPLOYEE ORGANIZATION	GROUP NAME
SECONDARY INSURANCE	SUBSCRIBER		BIRTH DATE
POLICY #	GROUP #	EMPLOYEE ORGANIZATION	GROUP NAME

**OTHER INFORMATION**

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

NAME	RELATIONSHIP	
ADDRESS		
CITY	STATE	ZIP CODE
HOME TELEPHONE	HOME TELEPHONE	
CELL PHONE	CELL PHONE	
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE
CELL PHONE	CELL PHONE	CELL PHONE

**UPDATES**

INTERNET/LEGAL GUARDIAN SIGNATURE		DATE	
DATE	SIGNATURE	DATE	SIGNATURE

ADULT REGISTRATION