

## McLaren Print System Order

Order No: 49618 Reprint Previous Order No: 5607  
 Order Date: 2019-10-21  
 User: Cynthia Jones  
 Phone: 586-747-6718

Ship Location: McLaren Macomb Lakeshore Medical  
 33720 Harper  
 Clinton Township, MI 48035

### Forms

Quantity: 100  
 Paragon Dept No: 72650  
 Dept Name: McLaren Medical Group  
 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**

NAME LAST FIRST MIDDLE INITIAL (Lastname, Firstname, Middlename, Initial)  
 ADDRESS CITY STATE ZIP CODE  
 TELEPHONE HOME FAX  
 PATIENT CARE PROVIDER RELATIONSHIP OR OCCUPATION OF

**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  
 EMPLOYER 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-01-16 CHILD REGISTRATION