

**McLaren Print System Order**

Order No: 50925 Reprint Previous Order No: 5523  
 Order Date: 2019-12-10  
 User: Becky Jurish  
 Phone: 9898935193

Ship Location: McLaren Bay Internal Med East  
 714 S Trumbull  
 Bay City, MI 48708

**Forms**

Quantity: 1000  
 Paragon Dept No: 56036  
 Dept Name: McLaren Bay Internal Med East  
 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> <td>PERSON NAME</td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>INITIAL</td> <td>STREET</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>TELEPHONE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>CELL PHONE</td> <td colspan="2">E-MAIL ADDRESS</td> <td colspan="2">BIRTH DATE</td> <td colspan="3"></td> </tr> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>HOW LONG EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> <td colspan="4"></td> </tr> </table>	PERSON NAME	LAST	FIRST	MIDDLE	INITIAL	STREET	CITY	STATE	ZIP CODE	TELEPHONE	1	2	3	4	5	6	7	CELL PHONE	E-MAIL ADDRESS		BIRTH DATE					EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE					<table border="1"> <tr> <td> <input type="checkbox"/> English  <input type="checkbox"/> Spanish  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Chinese  <input type="checkbox"/> Tagalog  <input type="checkbox"/> Hindi  <input type="checkbox"/> Urdu  <input type="checkbox"/> Arabic  <input type="checkbox"/> Russian  <input type="checkbox"/> Polish  <input type="checkbox"/> Other                 </td> <td> <input type="checkbox"/> English  <input type="checkbox"/> Spanish  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Chinese  <input type="checkbox"/> Tagalog  <input type="checkbox"/> Hindi  <input type="checkbox"/> Urdu  <input type="checkbox"/> Arabic  <input type="checkbox"/> Russian  <input type="checkbox"/> Polish  <input type="checkbox"/> Other                 </td> </tr> </table>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Other
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