

McLaren Print System Order

Order No: 51579 Reprint Previous Order No: 5523
 Order Date: 2020-01-09
 User: Heidi Holbrook
 Phone: 989-393-2777

Ship Location: McLaren Bay Orthopedic and Spine Surgery Uptown
 4 Columbus Ave Ste 160
 Bay City, MI 48708

Forms

Quantity: 1000
 Paragon Dept No: 69150
 Dept Name: McLaren Bay Orthopedic and Spine Surgery Uptown
 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>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>HOW LONG EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> </tr> </table>	PERSON NAME	LAST	FIRST	MIDDLE	INITIAL	STREET	CITY	STATE	ZIP CODE	TELEPHONE	1	2	3	4	5	6	7	CELL PHONE	1	2	3	4	5	6	7	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
	PERSON NAME	LAST	FIRST	MIDDLE	INITIAL	STREET	CITY	STATE	ZIP CODE																								
	TELEPHONE	1	2	3	4	5	6	7																									
	CELL PHONE	1	2	3	4	5	6	7																									
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																														
<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																																
<table border="1"> <tr> <td>EMPLOYER ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>PRESENT CARE PHYSICIAN</td> <td>REFERRED OR RECOMMENDED BY</td> </tr> </table>	EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	PRESENT CARE PHYSICIAN	REFERRED OR RECOMMENDED BY																											
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																														
PRESENT CARE PHYSICIAN	REFERRED OR RECOMMENDED BY																																
For appointment reminders only, use phone number and E-mail																																	
For mailing & message, use phone number																																	
SPOUSE & LEGAL GUARDIAN INFORMATION	<table border="1"> <tr> <td>NAME</td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>RELATIONSHIP</td> </tr> <tr> <td>TELEPHONE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>HOW LONG EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP	TELEPHONE	1	2	3	4	ADDRESS	CITY	STATE	ZIP CODE	EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE														
	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																												
TELEPHONE	1	2	3	4																													
ADDRESS	CITY	STATE	ZIP CODE																														
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																														
<table border="1"> <tr> <td>PRESENT INSURANCE</td> <td>SUBSCRIBER</td> <td>BIRTH DATE</td> </tr> <tr> <td>POLICY #</td> <td>GROUP #</td> <td>EMPLOYEE CATEGORIES</td> </tr> </table>	PRESENT INSURANCE	SUBSCRIBER	BIRTH DATE	POLICY #	GROUP #	EMPLOYEE CATEGORIES																											
PRESENT INSURANCE	SUBSCRIBER	BIRTH DATE																															
POLICY #	GROUP #	EMPLOYEE CATEGORIES																															
<table border="1"> <tr> <td>SECONDARY INSURANCE</td> <td>SUBSCRIBER</td> <td>BIRTH DATE</td> </tr> <tr> <td>POLICY #</td> <td>GROUP #</td> <td>EMPLOYEE CATEGORIES</td> </tr> </table>	SECONDARY INSURANCE	SUBSCRIBER	BIRTH DATE	POLICY #	GROUP #	EMPLOYEE CATEGORIES																											
SECONDARY INSURANCE	SUBSCRIBER	BIRTH DATE																															
POLICY #	GROUP #	EMPLOYEE CATEGORIES																															
OTHER INFORMATION	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS																																
	<table border="1"> <tr> <td>NAME</td> <td>RELATIONSHIP</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>HOME TELEPHONE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>EMERGENCY CONTACT</td> <td>RELATIONSHIP</td> <td>TELEPHONE</td> </tr> </table>	NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE	HOME TELEPHONE	1	2	3	EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																			
NAME	RELATIONSHIP																																
ADDRESS	CITY	STATE	ZIP CODE																														
HOME TELEPHONE	1	2	3																														
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																															
UPDATES	INTERNET/LEGAL GUARDIAN SIGNATURE																																
	DATE	SIGNATURE	DATE																														