

McLaren Print System Order

Order No: 52683 Reprint Previous Order No: 5607
Order Date: 2020-02-18
User: Tracy Spencer
Phone: 586-493-3732

Ship Location: McLaren Clinton Twp Pediatrics /Attn Tracy
22500 Metropolitan Parkway Ste 201
Clinton Twp, MI 48035

Forms

Quantity: 1000
Paragon Dept No: 72600
Dept Name: McLaren Clinton Twp Peds
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
CHILD/ADOLESCENT REGISTRATION Language Preference: English
 Other specify

PARENT INFORMATION

PARENT NAME LAST FIRST MIDDLE LAST-INITIAL
 ADDRESS CITY STATE ZIP CODE
 TELEPHONE HOME FAX
 PARENT LINE POSITION RELATIONSHIP TO REGISTERED PATIENT

RELIGION
 ETHNICITY
 RACE

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

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

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

LEGAL GUARDIAN SIGNATURE DATE

DATE SIGNATURE DATE SIGNATURE

MC 17305B-01-16 CHILD REGISTRATION