

## McLaren Print System Order

Order No: 52872 Reprint Previous Order No: 5523  
 Order Date: 2020-02-27  
 User: Rebecca White  
 Phone: 989-772-6701

Ship Location: Dr Vedula  
 1201 South Drive Suite 352  
 Mt. Pleasant, MI 48858

### Forms

Quantity: 500  
 Paragon Dept No: 81053033566420  
 Dept Name: Central Region  
 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> <th>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>INITIAL</th> <th>DOB</th> <th>SEX</th> <th>ETHNICITY</th> <th>RELIGION</th> <th>LANGUAGE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION	LANGUAGE	1									<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>PHONE</th> <th>HOME</th> <th>WORK</th> <th>CELL</th> <th>OTHER</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	HOME	WORK	CELL	OTHER	1					<table border="1"> <tr> <th>EMPLOYER</th> <th>OCCUPATION</th> <th>HOW LONG EMPLOYED</th> <th>EMPLOYER TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE				
	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION	LANGUAGE																																							
	1																																																
	ADDRESS	CITY	STATE	ZIP CODE																																													
PHONE	HOME	WORK	CELL	OTHER																																													
1																																																	
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																																														
<table border="1"> <tr> <th>EMPLOYER ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		EMPLOYER ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>PREVIOUS CARE PROVIDER</th> <th>REFERRED OR RECOMMENDED BY</th> </tr> <tr> <td></td> <td></td> </tr> </table>		PREVIOUS CARE PROVIDER	REFERRED OR RECOMMENDED BY																																				
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 & messages, use phone number: _____																																																	
SPOUSE / LEGAL GUARDIAN INFORMATION	<table border="1"> <tr> <th>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>RELATIONSHIP</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																									
	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																												
<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>PHONE</th> <th>HOME</th> <th>WORK</th> <th>CELL</th> <th>OTHER</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	HOME	WORK	CELL	OTHER	1																																
ADDRESS	CITY	STATE	ZIP CODE																																														
PHONE	HOME	WORK	CELL	OTHER																																													
1																																																	
INSURANCE INFORMATION	<table border="1"> <tr> <th>PRIMARY INSURANCE</th> <th>SUBSCRIBER</th> <th>START DATE</th> </tr> <tr> <td> <table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td></td> <td></td> </tr> </table>			PRIMARY INSURANCE	SUBSCRIBER	START DATE	<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																						
	PRIMARY INSURANCE	SUBSCRIBER	START DATE																																														
<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																													
POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																														
<table border="1"> <tr> <th>SECONDARY INSURANCE</th> <th>SUBSCRIBER</th> <th>START DATE</th> </tr> <tr> <td> <table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td></td> <td></td> </tr> </table>			SECONDARY INSURANCE	SUBSCRIBER	START DATE	<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																							
SECONDARY INSURANCE	SUBSCRIBER	START DATE																																															
<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																													
POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																														
OTHER INFORMATION	<table border="1"> <tr> <th colspan="5">NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS</th> </tr> <tr> <th>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>RELATIONSHIP</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS					NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																				
	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS																																																
	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																												
<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>HOME TELEPHONE</th> <th>HOME TELEPHONE</th> </tr> <tr> <td>1</td> <td>1</td> </tr> </table>	HOME TELEPHONE	HOME TELEPHONE	1	1																																		
ADDRESS	CITY	STATE	ZIP CODE																																														
HOME TELEPHONE	HOME TELEPHONE																																																
1	1																																																
<table border="1"> <tr> <th>EMERGENCY CONTACT</th> <th>RELATIONSHIP</th> <th>TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td>1</td> </tr> </table>		EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE			1	<table border="1"> <tr> <th>TELEPHONE</th> <th>1</th> <th>2</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	TELEPHONE	1	2																																						
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																																															
		1																																															
TELEPHONE	1	2																																															
UPDATES	<table border="1"> <tr> <th>INTERNET/LEGAL GUARDIAN SIGNATURE</th> <th>DATE</th> </tr> <tr> <td></td> <td></td> </tr> </table>			INTERNET/LEGAL GUARDIAN SIGNATURE	DATE																																												
INTERNET/LEGAL GUARDIAN SIGNATURE	DATE																																																
<table border="1"> <tr> <th>DATE</th> <th>SIGNATURE</th> <th>DATE</th> <th>SIGNATURE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			DATE	SIGNATURE	DATE	SIGNATURE																																											
DATE	SIGNATURE	DATE	SIGNATURE																																														