

McLaren Print System Order

Order No: 54688 Reprint Previous Order No: 5523
 Order Date: 2020-06-09
 User: Diana Garver
 Phone: 989-956-4130

Ship Location: McLaren Central - Health Park 2 - Attn: Bambi
 2935 Health Parkway
 Mt Pleasant, MI 48858

Forms

Quantity: 100
 Paragon Dept No: 75150
 Dept Name: Health Park 2 - Dr. Bennett
 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>PHYSICIAN NAME</td> <td>CLASS</td> <td>PHYSICIAN</td> <td>STATE</td> <td>ZIP CODE</td> <td>STREET</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="4"> SPECIALTY <input type="checkbox"/> Family <input type="checkbox"/> Internal <input type="checkbox"/> Pediatric <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Geriatrics <input type="checkbox"/> Other </td> </tr> <tr> <td>TELEPHONE</td> <td>DOB</td> <td>BIRTH DATE</td> <td colspan="5"> SEX <input type="checkbox"/> Male <input type="checkbox"/> Female </td> </tr> <tr> <td>LAST NAME</td> <td colspan="7">E-MAIL ADDRESS</td> </tr> </table>	PHYSICIAN NAME	CLASS	PHYSICIAN	STATE	ZIP CODE	STREET	CITY	STATE	ZIP CODE	ADDRESS	CITY	STATE	ZIP CODE	SPECIALTY <input type="checkbox"/> Family <input type="checkbox"/> Internal <input type="checkbox"/> Pediatric <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Geriatrics <input type="checkbox"/> Other				TELEPHONE	DOB	BIRTH DATE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female					LAST NAME	E-MAIL ADDRESS							<table border="1"> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>HOW LONG EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> </tr> <tr> <td>EMPLOYER ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </table>			EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE	EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
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PRESENT CARE PHYSICIAN REFERRED OR RECOMMENDED BY		For appointment reminders only, use phone number and E-mail For mailing & message, use phone number																																											
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