

McLaren Print System Order

Order No: 55036 Reprint Previous Order No: 5523
 Order Date: 2020-06-26
 User: Julie Hawkins
 Phone: 231-487-3295

Ship Location: McLaren Northern, Burns Bldg Attn: Amber Coss
 560 W Mitchell, Suite 125
 Petoskey, MI 49770

Forms

Quantity: 500
 Paragon Dept No: 77250
 Dept Name: Nephrology
 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>EXT</th> <th>HOME PHONE</th> <th>CELL PHONE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	EXT	HOME PHONE	CELL PHONE	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	EXT	HOME PHONE	CELL PHONE																																												
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																																														
<p>For appointment reminders only, use phone number _____ and E-mail _____</p> <p>For texting & message, use phone number _____</p>																																															
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>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP	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>EXT</th> <th>HOME PHONE</th> <th>CELL PHONE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	EXT	HOME PHONE	CELL PHONE	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	RELATIONSHIP																																										
1																																															
ADDRESS	CITY	STATE	ZIP CODE																																												
PHONE	EXT	HOME PHONE	CELL PHONE																																												
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																																										
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																																												
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							<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																					
	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																																												
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																																												
<p>NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS</p>																																															
OTHER INFORMATION	<table border="1"> <tr> <th>NAME</th> <th>RELATIONSHIP</th> </tr> <tr> <td></td> <td></td> </tr> </table>	NAME	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> <th>TELEPHONE</th> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> </tr> </table>	HOME TELEPHONE	HOME TELEPHONE	TELEPHONE	1	1	1	<table border="1"> <tr> <th>EMERGENCY CONTACT</th> <th>RELATIONSHIP</th> <th>TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																						
	NAME	RELATIONSHIP																																													
ADDRESS	CITY	STATE	ZIP CODE																																												
HOME TELEPHONE	HOME TELEPHONE	TELEPHONE																																													
1	1	1																																													
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																																													
<table border="1"> <tr> <th>INTERNETUAL GUARDIAN SIGNATURE</th> <th>DATE</th> </tr> <tr> <td></td> <td></td> </tr> </table>		INTERNETUAL GUARDIAN SIGNATURE	DATE																																												
INTERNETUAL GUARDIAN SIGNATURE	DATE																																														
UPDATES	<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																																												