

## McLaren Print System Order

Order No: 56159 Reprint Previous Order No: 5523  
 Order Date: 2020-08-19  
 User: Diana Garver  
 Phone: 989-386-8170

Ship Location: McLaren Central - Clare Clinic - Attn: Jeanette  
 1509 N McEwan  
 Clare, MI 48617

### Forms

Quantity: 500  
 Paragon Dept No: 75075  
 Dept Name: Clare Clinic  
 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<br>ADULT REGISTRATION |  | Language Preference: English<br>Other specify:  |                           |
|---|--|---|---------------------------|
| PATIENT INFORMATION                         | PREFIX NAME LAST FIRST MIDDLE<br>ADDRESS CITY STATE ZIP CODE<br>TELEPHONE HOME FAX BIRTH DATE<br>CELL PHONE HOME ADDRESS<br>EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE<br>EMPLOYER ADDRESS CITY STATE ZIP CODE<br>PRESENT CARE PROVIDER REFERRED OR RECOMMENDED BY<br>For appointment reminders only, use phone number and E-mail<br>For texting & message, use phone number | ETHNICITY<br>A American Indian or Alaska Native<br>B Black or African American<br>C Hispanic or Latino<br>D Asian American<br>E Other | SEX<br>M Male<br>F Female |
|   | SPOUSE / LEGAL GUARDIAN INFORMATION<br>NAME LAST FIRST MIDDLE RELATIONSHIP<br>ADDRESS CITY STATE ZIP CODE<br>TELEPHONE HOME FAX BIRTH DATE<br>EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE<br>EMPLOYER ADDRESS CITY STATE ZIP CODE   |   |                           |
|   | INSURANCE INFORMATION<br>PRIMARY INSURANCE SUBSCRIBER BIRTH DATE<br>POLICY # GROUP # EMPLOYEE CATEGORIES GROUP NAME<br>SECONDARY INSURANCE SUBSCRIBER BIRTH DATE<br>POLICY # GROUP # EMPLOYEE CATEGORIES GROUP NAME  |   |                           |
|   | OTHER INFORMATION<br>NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS<br>NAME RELATIONSHIP<br>ADDRESS CITY STATE ZIP CODE<br>HOME TELEPHONE HOME TELEPHONE<br>EMERGENCY CONTACT RELATIONSHIP TELEPHONE<br>REFERRING PHYSICIAN SIGNATURE DATE<br>DATE SIGNATURE DATE SIGNATURE<br>ADULT REGISTRATION   |   |                           |