

## McLaren Print System Order

Order No: 57548 Reprint Previous Order No: 12740  
 Order Date: 2020-10-12  
 User: Laura Atsoff  
 Phone: 586-790-9003

Ship Location: McLaren Macomb Multi-Specialty  
 36500 Gratiot, Suite 102  
 Clinton Twp , MI 48035

### Forms

Quantity: 1000  
 Paragon Dept No: 60330  
 Dept Name: McLaren Macomb Multi-Specialty  
 Company Number: 260

Order Total Price: 46.00

Item Number: MM-17305A Macomb  
 Item Description: Adult Registration  
 Revision Date: 9/2013  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: 5 Hole Top  
 Misc Info: 2 sided; do not tumble

MCLAREN MACOMB ADULT REGISTRATION		Language Preference: <input checked="" type="radio"/> English <input type="radio"/> Other specify _____	
PATIENT INFORMATION	NAME: LAST FIRST MIDDLE ADDRESS: CITY STATE ZIP CODE BIRTH DATE TELEPHONE: HOME CELL PHONE EMPLOYER: OCCUPATION NEW LINE EMPLOYEE EMPLOYER TELEPHONE EMPLOYER ADDRESS: CITY STATE ZIP CODE	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Specify _____ RELIGION: <input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Other Specify _____ ETHNICITY: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Specify _____	
	PRESENT LAWYER PROVIDED: YES <input type="checkbox"/> NO <input type="checkbox"/> RETURNED OR RECOMMENDED BY: NAME LAST FIRST MIDDLE RELATIONSHIP ADDRESS: CITY STATE ZIP CODE EMPLOYER: OCCUPATION NEW LINE EMPLOYEE EMPLOYER TELEPHONE EMPLOYER ADDRESS: CITY STATE ZIP CODE		
	PRESENT INSURANCE: SUBSCRIBER BIRTH DATE ADDRESS: CITY STATE ZIP CODE POLICY # GROUP # EMPLOYEE ORGANIZATIONAL GROUP NAME INSURANCE COMPANY TELEPHONE INSURER IDENTIFICATION TELEPHONE		
	SECONDARY INSURANCE: SUBSCRIBER BIRTH DATE ADDRESS: CITY STATE ZIP CODE POLICY # GROUP # EMPLOYEE ORGANIZATIONAL GROUP NAME INSURANCE COMPANY TELEPHONE INSURER IDENTIFICATION TELEPHONE		
NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS	NAME: RELATIONSHIP ADDRESS: CITY STATE ZIP CODE HOME TELEPHONE: HOME TELEPHONE EMERGENCY CONTACT: RELATIONSHIP TELEPHONE		
	ADULT REGISTRATION SIGNATURE: DATE DATE SIGNATURE DATE SIGNATURE		