

## McLaren Print System Order

Order No: 57871 Reprint Previous Order No: 5607  
 Order Date: 2020-10-27  
 User: Jessica Derkacz  
 Phone: 8107149660

Ship Location: Family Medicine Fenton  
 17200 Silver Pkwy.  
 Fenton, MI 48430

### Forms

Quantity: 100  
 Paragon Dept No: 50022  
 Dept Name: Family Medicine Fenton  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-17305B  
 Item Description: Child / Adolescent Registration  
 Revision Date: 7/2016  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

McLAREN MEDICAL GROUP  
**CHILD/ADOLESCENT REGISTRATION** Language Preference: English  
 Other specify

**PARENT INFORMATION**

PARENT NAME LAST FIRST MIDDLE LAST-INITIAL  
 ADDRESS CITY STATE ZIP CODE  
 TELEPHONE HOME FAX  
 PARENT LINE POSITION RELATIONSHIP OR OCCUPATION OF PARENT

RELATIONSHIP OCCUPATION  
 RELATIONSHIP OCCUPATION

For appointment reminders only, use phone number \_\_\_\_\_ and E-mail \_\_\_\_\_  
 For leaving a message, use phone number \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

NAME ADDRESS  
 CITY STATE ZIP TELEPHONE HOME FAX  
 RELATIONSHIP OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE HOME LONG-DISTANCE

NAME ADDRESS  
 CITY STATE ZIP TELEPHONE HOME FAX  
 RELATIONSHIP OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE HOME LONG-DISTANCE

**INSURANCE INFORMATION**

PRIMARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME  
 RELATIONSHIP BIRTH DATE

SECONDARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME  
 RELATIONSHIP BIRTH DATE

**OTHER INFORMATION**

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS  
 NAME RELATIONSHIP  
 ADDRESS CITY STATE ZIP CODE  
 HOME TELEPHONE HOME TELEPHONE  
 EMERGENCY CONTACT RELATIONSHIP TELEPHONE

LEGAL GUARDIAN SIGNATURE DATE  
 DATE SIGNATURE DATE SIGNATURE

UPDATES CHILD REGISTRATION