

McLaren Print System Order

Order No: 7067
 Order Date: 2014-11-11
 User: Pamela Dietrich
 Phone: 810 953 6400

Ship Location:
 2313 East Hill Road
 Grand Blanc, MI 48439

Forms
 Quantity: 500
 Paragon Dept No: 64050
 Dept Name: 64050
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-17305B
 Item Description: Child / Adolescent Registration
 Revision Date: 5/2013
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

MCLAREN MEDICAL GROUP		Language Preference: <input type="radio"/> English		
CHILD/ADOLESCENT REGISTRATION		<input type="radio"/> Other specify		
PATIENT INFORMATION	FIRST NAME: _____ LAST: _____ PREFIX: _____ SUFFIX: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____ FAX: _____ PRIMARY CARE PHYSICIAN: _____	ETHNICITY: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown		
	PARENT/GUARDIAN: NAME: _____ RELATIONSHIP: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____ EMPLOYER: _____ OCCUPATION: _____ EMPLOYER ADDRESS: _____ EMPLOYER TELEPHONE: _____ NOW UNEMPLOYED: _____		PARENT/GUARDIAN: NAME: _____ RELATIONSHIP: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____ EMPLOYER: _____ OCCUPATION: _____ EMPLOYER ADDRESS: _____ EMPLOYER TELEPHONE: _____ NOW UNEMPLOYED: _____	
	PRIMARY INSURANCE: POLICY # _____ GROUP # _____ EMPLOYEE ORIGINATOR: _____ GROUP NAME: _____ INSURANCE COMPANY TELEPHONE: _____ INSURANCE PROVIDER TELEPHONE: _____		SECONDARY INSURANCE: POLICY # _____ GROUP # _____ EMPLOYEE ORIGINATOR: _____ GROUP NAME: _____ INSURANCE COMPANY TELEPHONE: _____ INSURANCE PROVIDER TELEPHONE: _____	
	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS: NAME: _____ RELATIONSHIP: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ HOME TELEPHONE: _____ HOME TELEPHONE: _____ EMERGENCY CONTACT: NAME: _____ RELATIONSHIP: _____ TELEPHONE: _____			
UPDATES	PARENT/GUARDIAN SIGNATURE: _____ DATE: _____ CHILD SIGNATURE: _____ DATE: _____		CHILD REGISTRATION	