

**McLaren Print System Order**

Order No: 67258 Reprint Previous Order No: 5523  
 Order Date: 2022-01-25  
 User: Carrie Gnatkowski  
 Phone: 989-393-2714

Ship Location: McLaren Bay Primary Care Attn: Carrie Gnatkowski  
 4 Columbus Ave., Suite 380  
 Bay City , MI 48708

**Forms**

Quantity: 5000  
 Paragon Dept No: 17805  
 Dept Name: McLaren Medical group  
 Company Number: 810

Order Total Price: 149.00

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	PREFIX NAME LAST FIRST MIDDLE ADDRESS CITY STATE ZIP CODE TELEPHONE HOME FAX BIRTH DATE CELL PHONE HOME ADDRESS EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE EMPLOYER ADDRESS CITY STATE ZIP CODE PRESENT CARE PROVIDER REFERRED OR RECOMMENDED BY For appointment reminders only, use phone number and E-mail For texting & messages, use phone number	SEX RACE ETHNICITY A. American Indian or Alaska Native B. Asian C. Black or African American D. Hispanic or Latino E. Native Hawaiian or Other Pacific Islander F. White	SPECIALTY A. Allergy/Immunology B. Cardiology C. Endocrinology D. Family Medicine E. Geriatrics F. Internal Medicine G. Pediatrics H. Pulmonary I. Rheumatology J. Sports Medicine K. Urology L. Women's Health
	SPOUSE / LEGAL GUARDIAN INFORMATION NAME LAST FIRST MIDDLE RELATIONSHIP ADDRESS CITY STATE ZIP CODE TELEPHONE HOME FAX BIRTH DATE EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE EMPLOYER ADDRESS CITY STATE ZIP CODE		
	INSURANCE INFORMATION PRIMARY INSURANCE SUBSCRIBER BIRTH DATE POLICY # GROUP # EMPLOYEE ORGANIZATION GROUP NAME SECONDARY INSURANCE SUBSCRIBER BIRTH DATE POLICY # GROUP # EMPLOYEE ORGANIZATION GROUP NAME		
	OTHER INFORMATION NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS NAME RELATIONSHIP ADDRESS CITY STATE ZIP CODE HOME TELEPHONE HOME TELEPHONE EMERGENCY CONTACT RELATIONSHIP TELEPHONE REFERRING PHYSICIAN SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE		