

McLaren Print System Order

Order No: 67572 Reprint Previous Order No: 5607
 Order Date: 2022-02-04
 User: Kristal Johnson
 Phone: 810-487-3601

Ship Location: McLaren Flushing CMC
 2487 N Elms Rd.
 Flushing, MI 48433

Forms

Quantity: 1000
 Paragon Dept No: 63600
 Dept Name: McLaren Flushing CMC
 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		Language Preference: English	
CHILD/ADOLESCENT REGISTRATION			
PARENT INFORMATION		Other specify	
PARENT NAME LAST FIRST MIDDLE ADDRESS CITY STATE ZIP CODE TELEPHONE HOME FAX PARENT LINE POSITION	LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Other	ETHNICITY <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown	RACE <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown
PARENT/GUARDIAN RELATIONSHIP PARENT/GUARDIAN RELATIONSHIP			
For appointment reminders only, use phone number _____ and E-mail _____ For texting a message, use phone number _____			
PARENT/GUARDIAN INFORMATION		PARENT/GUARDIAN INFORMATION	
NAME ADDRESS CITY STATE ZIP TELEPHONE HOME FAX CELL PHONE E MAIL ADDRESS EMPLOYER OCCUPATION EMPLOYER ADDRESS EMPLOYER TELEPHONE HOME LONG-DISTANCE	NAME ADDRESS CITY STATE ZIP TELEPHONE HOME FAX CELL PHONE E MAIL ADDRESS EMPLOYER OCCUPATION EMPLOYER ADDRESS EMPLOYER TELEPHONE HOME LONG-DISTANCE		
INSURANCE INFORMATION			
PRIMARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME SECONDARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME			
NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS			
NAME RELATIONSHIP ADDRESS CITY STATE ZIP CODE HOME TELEPHONE HOME TELEPHONE EMERGENCY CONTACT RELATIONSHIP TELEPHONE			
PARENT/LEGAL GUARDIAN SIGNATURE DATE			
DATE SIGNATURE	DATE SIGNATURE		