

**McLaren Print System Order**

Order No: 68315 Reprint Previous Order No: 5523  
 Order Date: 2022-03-14  
 User: Katie Jacobs  
 Phone: 9893451184

Ship Location: Evergreen Clinic-Jill Uhouse  
 611 Court St  
 West Branch, Michigan 48661

**Forms**

Quantity: 500  
 Paragon Dept No: 69680  
 Dept Name: McLaren  
 Company Number: 810

Order Total Price: 0.00

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	<table border="1"> <tr> <th>PERSON NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>IF PAID (IF PAID)</th> <th>STATUS (IF PAID)</th> <th>IF MEMBER (IF MEMBER)</th> <th>IF INSURED (IF INSURED)</th> <th>OTHER</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PERSON NAME	LAST	FIRST	MIDDLE	IF PAID (IF PAID)	STATUS (IF PAID)	IF MEMBER (IF MEMBER)	IF INSURED (IF INSURED)	OTHER	1								<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>			ADDRESS	CITY	STATE	ZIP CODE	1			
	PERSON NAME	LAST	FIRST	MIDDLE	IF PAID (IF PAID)	STATUS (IF PAID)	IF MEMBER (IF MEMBER)	IF INSURED (IF INSURED)	OTHER																				
	1																												
	ADDRESS	CITY	STATE	ZIP CODE																									
1																													
<table border="1"> <tr> <th>TELEPHONE</th> <th>EXT</th> <th>BIRTH DATE</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>	TELEPHONE	EXT	BIRTH DATE	1			<table border="1"> <tr> <th>EMPLOYER</th> <th>OCCUPATION</th> <th>HOW LONG EMPLOYED</th> <th>EMPLOYER TELEPHONE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>			EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE	1															
TELEPHONE	EXT	BIRTH DATE																											
1																													
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																										
1																													
<table border="1"> <tr> <th>EMPLOYER ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>	EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	1				<table border="1"> <tr> <th>PREVIOUS CARE PROVIDER</th> <th>REFERRED OR RECOMMENDED BY</th> </tr> <tr> <td>1</td> <td></td> </tr> </table>			PREVIOUS CARE PROVIDER	REFERRED OR RECOMMENDED BY	1															
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																										
1																													
PREVIOUS CARE PROVIDER	REFERRED OR RECOMMENDED BY																												
1																													
<p>For appointment reminders only, use phone number and E-mail</p> <p>For texting &amp; message, use phone number</p>																													
SPOUSE / LEGAL GUARDIAN INFORMATION	<table border="1"> <tr> <th>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>RELATIONSHIP</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			NAME	LAST	FIRST	MIDDLE	RELATIONSHIP	1																				
	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																								
1																													
<table border="1"> <tr> <th>TELEPHONE</th> <th>EXT</th> <th>BIRTH DATE</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>			TELEPHONE	EXT	BIRTH DATE	1			<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>	ADDRESS	CITY	STATE	ZIP CODE	1															
TELEPHONE	EXT	BIRTH DATE																											
1																													
ADDRESS	CITY	STATE	ZIP CODE																										
1																													
INSURANCE INFORMATION	<table border="1"> <tr> <th>PRIMARY INSURANCE</th> <th>SUBSCRIBER</th> <th>BIRTH DATE</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>			PRIMARY INSURANCE	SUBSCRIBER	BIRTH DATE	1																						
	PRIMARY INSURANCE	SUBSCRIBER	BIRTH DATE																										
1																													
<table border="1"> <tr> <th>SELECT A</th> <th>GROUP A</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>			SELECT A	GROUP A	EMPLOYEE CATEGORIES	GROUP NAME	1				<table border="1"> <tr> <th>SECONDARY INSURANCE</th> <th>SUBSCRIBER</th> <th>BIRTH DATE</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>	SECONDARY INSURANCE	SUBSCRIBER	BIRTH DATE	1														
SELECT A	GROUP A	EMPLOYEE CATEGORIES	GROUP NAME																										
1																													
SECONDARY INSURANCE	SUBSCRIBER	BIRTH DATE																											
1																													
OTHER INFORMATION	<p>NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS</p> <table border="1"> <tr> <th>NAME</th> <th>RELATIONSHIP</th> </tr> <tr> <td>1</td> <td></td> </tr> </table>			NAME	RELATIONSHIP	1																							
	NAME	RELATIONSHIP																											
	1																												
<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>			ADDRESS	CITY	STATE	ZIP CODE	1																						
ADDRESS	CITY	STATE	ZIP CODE																										
1																													
<table border="1"> <tr> <th>HOME TELEPHONE</th> <th>HOME TELEPHONE</th> <th>TELEPHONE</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>			HOME TELEPHONE	HOME TELEPHONE	TELEPHONE	1																							
HOME TELEPHONE	HOME TELEPHONE	TELEPHONE																											
1																													
UPDATES	<table border="1"> <tr> <th>EMERGENCY CONTACT</th> <th>RELATIONSHIP</th> <th>TELEPHONE</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>			EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE	1																						
	EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																										
1																													
<table border="1"> <tr> <th>INTERNET/LEGAL GUARDIAN SIGNATURE</th> <th>DATE</th> </tr> <tr> <td>1</td> <td></td> </tr> </table>			INTERNET/LEGAL GUARDIAN SIGNATURE	DATE	1																								
INTERNET/LEGAL GUARDIAN SIGNATURE	DATE																												
1																													
<table border="1"> <tr> <th>DATE</th> <th>SIGNATURE</th> <th>DATE</th> <th>SIGNATURE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>			DATE	SIGNATURE	DATE	SIGNATURE	1																						
DATE	SIGNATURE	DATE	SIGNATURE																										
1																													