

McLaren Print System Order

Order No: 68574 Reprint Previous Order No: 5523
 Order Date: 2022-03-24
 User: TINA PLAUTZ
 Phone: 248-674-2259

Ship Location: McLaren Oakland Waterford Medical Associates
 5210 Highland Rd Ste 201
 Waterford, MI 48327

Forms

Quantity: 500
 Paragon Dept No: 73350
 Dept Name: Waterford Medical Associates
 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>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>INITIALS</th> <th>DOB</th> <th>SEX</th> <th>ETHNICITY</th> <th>RELIGION</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td>MM/DD/YYYY</td> <td>M/F</td> <td></td> <td></td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	INITIALS	DOB	SEX	ETHNICITY	RELIGION	1				MM/DD/YYYY	M/F			<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				<table border="1"> <tr> <th>PHONE</th> <th>EXT</th> <th>WORK</th> <th>HOME</th> <th>CELL</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	EXT	WORK	HOME	CELL	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			
	NAME	LAST	FIRST	MIDDLE	INITIALS	DOB	SEX	ETHNICITY	RELIGION																																						
	1				MM/DD/YYYY	M/F																																									
	ADDRESS	CITY	STATE	ZIP CODE																																											
1																																															
PHONE	EXT	WORK	HOME	CELL																																											
1																																															
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																																												
1																																															
PRESENT CARE PROVIDER: _____ REFERRED OR RECOMMENDED BY: _____ For appointment reminders only, use phone number _____ and E-mail _____ For texting & messages, use phone number _____																																															
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					<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				<table border="1"> <tr> <th>PHONE</th> <th>EXT</th> <th>WORK</th> <th>HOME</th> <th>CELL</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	EXT	WORK	HOME	CELL	1																		
	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																										
1																																															
ADDRESS	CITY	STATE	ZIP CODE																																												
1																																															
PHONE	EXT	WORK	HOME	CELL																																											
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																																							
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																																												
1																																															
INSURANCE INFORMATION	<table border="1"> <tr> <th>PRIMARY INSURANCE</th> <th>SUBSCRIBER</th> <th>DOB</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>			PRIMARY INSURANCE	SUBSCRIBER	DOB	1			<table border="1"> <tr> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME	1																																	
	PRIMARY INSURANCE	SUBSCRIBER	DOB																																												
1																																															
GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																													
1																																															
<table border="1"> <tr> <th>SECONDARY INSURANCE</th> <th>SUBSCRIBER</th> <th>DOB</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>			SECONDARY INSURANCE	SUBSCRIBER	DOB	1			<table border="1"> <tr> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME	1																																		
SECONDARY INSURANCE	SUBSCRIBER	DOB																																													
1																																															
GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																													
1																																															
OTHER INFORMATION	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS			<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				<table border="1"> <tr> <th>WORK TELEPHONE</th> <th>HOME TELEPHONE</th> <th>CELL PHONE</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>	WORK TELEPHONE	HOME TELEPHONE	CELL PHONE	1																																
ADDRESS	CITY	STATE	ZIP CODE																																												
1																																															
WORK TELEPHONE	HOME TELEPHONE	CELL PHONE																																													
1																																															
<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			<table border="1"> <tr> <th>TELEPHONE</th> </tr> <tr> <td>1</td> </tr> </table>	TELEPHONE	1																																				
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																																													
1																																															
TELEPHONE																																															
1																																															
UPDATES	REFERENTIAL GUARDIAN SIGNATURE: _____ DATE: _____			<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																																															
ADULT REGISTRATION																																															