

McLaren Print System Order

Order No: 68983 Reprint Previous Order No: 5523
 Order Date: 2022-04-12
 User: Leah Blair
 Phone: 989-826-3271

Ship Location: Primary Care Att Tiffany
 558 Lockwood Lane
 Mio, MI 48647

Forms

Quantity: 100
 Paragon Dept No: 69230
 Dept Name: Primary Care
 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> <td>PREVIOUS NAME</td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>SEX</td> <td>DATE OF BIRTH</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="4"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other </td> </tr> <tr> <td>TELEPHONE</td> <td>HOME</td> <td>WORK</td> <td>CELL</td> <td colspan="4"> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell </td> </tr> <tr> <td>CELL PHONE</td> <td colspan="7">E-MAIL ADDRESS</td> </tr> </table>	PREVIOUS NAME	LAST	FIRST	MIDDLE	SEX	DATE OF BIRTH	STATE	ZIP CODE	ADDRESS	CITY	STATE	ZIP CODE	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				TELEPHONE	HOME	WORK	CELL	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell				CELL PHONE	E-MAIL ADDRESS							<table border="1"> <tr> <td> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Bengali <input type="checkbox"/> Gujarati <input type="checkbox"/> Punjabi <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Italian <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Dutch <input type="checkbox"/> Swedish <input type="checkbox"/> Norwegian <input type="checkbox"/> Danish <input type="checkbox"/> Finnish <input type="checkbox"/> Czech <input type="checkbox"/> Slovak <input type="checkbox"/> Hungarian <input type="checkbox"/> Romanian <input type="checkbox"/> Bulgarian <input type="checkbox"/> Croatian <input type="checkbox"/> Serbian <input type="checkbox"/> Slovenian <input type="checkbox"/> Macedonian <input type="checkbox"/> Albanian <input type="checkbox"/> Greek <input type="checkbox"/> Turkish <input type="checkbox"/> Armenian <input type="checkbox"/> Georgian <input type="checkbox"/> Azerbaijani <input type="checkbox"/> Kazakh <input type="checkbox"/> Kyrgyz <input type="checkbox"/> Uzbek <input type="checkbox"/> Tajik <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Thai <input type="checkbox"/> Burmese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Thai <input type="checkbox"/> Burmese </td> <td> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Bengali <input type="checkbox"/> Gujarati <input type="checkbox"/> Punjabi <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Italian <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Dutch <input type="checkbox"/> Swedish <input type="checkbox"/> Norwegian <input type="checkbox"/> Danish <input type="checkbox"/> Finnish <input type="checkbox"/> Czech <input type="checkbox"/> Slovak <input type="checkbox"/> Hungarian <input type="checkbox"/> Romanian <input type="checkbox"/> Bulgarian <input type="checkbox"/> Croatian <input type="checkbox"/> Serbian <input type="checkbox"/> Slovenian <input type="checkbox"/> Macedonian <input type="checkbox"/> Albanian <input type="checkbox"/> Greek <input type="checkbox"/> Turkish <input type="checkbox"/> Armenian <input type="checkbox"/> Georgian <input type="checkbox"/> Azerbaijani <input type="checkbox"/> Kazakh <input type="checkbox"/> Kyrgyz <input type="checkbox"/> Uzbek <input type="checkbox"/> Tajik <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Thai <input type="checkbox"/> Burmese </td> </tr> </table>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Bengali <input type="checkbox"/> Gujarati <input type="checkbox"/> Punjabi <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Italian <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Dutch <input type="checkbox"/> Swedish <input type="checkbox"/> Norwegian <input type="checkbox"/> Danish <input type="checkbox"/> Finnish <input type="checkbox"/> Czech <input type="checkbox"/> Slovak <input type="checkbox"/> Hungarian <input type="checkbox"/> Romanian <input type="checkbox"/> Bulgarian <input type="checkbox"/> Croatian <input type="checkbox"/> Serbian <input type="checkbox"/> Slovenian <input type="checkbox"/> Macedonian <input type="checkbox"/> Albanian <input type="checkbox"/> Greek <input type="checkbox"/> Turkish <input type="checkbox"/> Armenian <input type="checkbox"/> Georgian <input type="checkbox"/> Azerbaijani <input type="checkbox"/> Kazakh <input type="checkbox"/> Kyrgyz <input type="checkbox"/> Uzbek <input type="checkbox"/> Tajik <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Thai <input type="checkbox"/> Burmese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Thai <input type="checkbox"/> Burmese	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Bengali <input type="checkbox"/> Gujarati <input type="checkbox"/> Punjabi <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Italian <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Dutch <input type="checkbox"/> Swedish <input type="checkbox"/> Norwegian <input type="checkbox"/> Danish <input type="checkbox"/> Finnish <input type="checkbox"/> Czech <input type="checkbox"/> Slovak <input type="checkbox"/> Hungarian <input type="checkbox"/> Romanian <input type="checkbox"/> Bulgarian <input type="checkbox"/> Croatian <input type="checkbox"/> Serbian <input type="checkbox"/> Slovenian <input type="checkbox"/> Macedonian <input type="checkbox"/> Albanian <input type="checkbox"/> Greek <input type="checkbox"/> Turkish <input type="checkbox"/> Armenian <input type="checkbox"/> Georgian <input type="checkbox"/> Azerbaijani <input type="checkbox"/> Kazakh <input type="checkbox"/> Kyrgyz <input type="checkbox"/> Uzbek <input type="checkbox"/> Tajik <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Thai <input type="checkbox"/> Burmese
	PREVIOUS NAME	LAST	FIRST	MIDDLE	SEX	DATE OF BIRTH	STATE	ZIP CODE																												
	ADDRESS	CITY	STATE	ZIP CODE	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other																															
	TELEPHONE	HOME	WORK	CELL	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell																															
CELL PHONE	E-MAIL ADDRESS																																			
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Bengali <input type="checkbox"/> Gujarati <input type="checkbox"/> Punjabi <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Italian <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Dutch <input type="checkbox"/> Swedish <input type="checkbox"/> Norwegian <input type="checkbox"/> Danish <input type="checkbox"/> Finnish <input type="checkbox"/> Czech <input type="checkbox"/> Slovak <input type="checkbox"/> Hungarian <input type="checkbox"/> Romanian <input type="checkbox"/> Bulgarian <input type="checkbox"/> Croatian <input type="checkbox"/> Serbian <input type="checkbox"/> Slovenian <input type="checkbox"/> Macedonian <input type="checkbox"/> Albanian <input type="checkbox"/> Greek <input type="checkbox"/> Turkish <input type="checkbox"/> Armenian <input type="checkbox"/> Georgian <input type="checkbox"/> Azerbaijani <input type="checkbox"/> Kazakh <input type="checkbox"/> Kyrgyz <input type="checkbox"/> Uzbek <input type="checkbox"/> Tajik <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Thai <input type="checkbox"/> Burmese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Thai <input type="checkbox"/> Burmese	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Bengali <input type="checkbox"/> Gujarati <input type="checkbox"/> Punjabi <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Italian <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Dutch <input type="checkbox"/> Swedish <input type="checkbox"/> Norwegian <input type="checkbox"/> Danish <input type="checkbox"/> Finnish <input type="checkbox"/> Czech <input type="checkbox"/> Slovak <input type="checkbox"/> Hungarian <input type="checkbox"/> Romanian <input type="checkbox"/> Bulgarian <input type="checkbox"/> Croatian <input type="checkbox"/> Serbian <input type="checkbox"/> Slovenian <input type="checkbox"/> Macedonian <input type="checkbox"/> Albanian <input type="checkbox"/> Greek <input type="checkbox"/> Turkish <input type="checkbox"/> Armenian <input type="checkbox"/> Georgian <input type="checkbox"/> Azerbaijani <input type="checkbox"/> Kazakh <input type="checkbox"/> Kyrgyz <input type="checkbox"/> Uzbek <input type="checkbox"/> Tajik <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Thai <input type="checkbox"/> Burmese																																			
<table border="1"> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>HOW LONG EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> </tr> <tr> <td>EMPLOYER ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="2">PRESENT CARE PROVIDER</td> <td colspan="2">REFERRED OR RECOMMENDED BY</td> </tr> </table>	EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE	EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	PRESENT CARE PROVIDER		REFERRED OR RECOMMENDED BY		<p>For appointment reminders only, use phone number _____ and E-mail _____</p> <p>For texting & message, use phone number _____</p>																							
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																																	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																																	
PRESENT CARE PROVIDER		REFERRED OR RECOMMENDED BY																																		
SPOUSE / LEGAL GUARDIAN INFORMATION	<table border="1"> <tr> <td>NAME</td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>RELATIONSHIP</td> </tr> <tr> <td>TELEPHONE</td> <td>HOME</td> <td>WORK</td> <td>CELL</td> <td> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell </td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td></td> </tr> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>HOW LONG EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> </tr> <tr> <td>EMPLOYER ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP	TELEPHONE	HOME	WORK	CELL	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	ADDRESS	CITY	STATE	ZIP CODE		EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE	EMPLOYER ADDRESS	CITY	STATE	ZIP CODE												
	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																															
TELEPHONE	HOME	WORK	CELL	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell																																
ADDRESS	CITY	STATE	ZIP CODE																																	
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																																	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																																	
INSURANCE INFORMATION	<table border="1"> <tr> <td>PRIMARY INSURANCE</td> <td>SUBSCRIBER</td> <td>BIRTH DATE</td> </tr> <tr> <td>POLICY #</td> <td>GROUP #</td> <td>EMPLOYEE CATEGORIES</td> </tr> <tr> <td>GROUP NAME</td> <td colspan="2"></td> </tr> </table>	PRIMARY INSURANCE	SUBSCRIBER	BIRTH DATE	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																												
	PRIMARY INSURANCE	SUBSCRIBER	BIRTH DATE																																	
POLICY #	GROUP #	EMPLOYEE CATEGORIES																																		
GROUP NAME																																				
	<table border="1"> <tr> <td>SECONDARY INSURANCE</td> <td>SUBSCRIBER</td> <td>BIRTH DATE</td> </tr> <tr> <td>POLICY #</td> <td>GROUP #</td> <td>EMPLOYEE CATEGORIES</td> </tr> <tr> <td>GROUP NAME</td> <td colspan="2"></td> </tr> </table>	SECONDARY INSURANCE	SUBSCRIBER	BIRTH DATE	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																												
SECONDARY INSURANCE	SUBSCRIBER	BIRTH DATE																																		
POLICY #	GROUP #	EMPLOYEE CATEGORIES																																		
GROUP NAME																																				
OTHER INFORMATION	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS																																			
	<table border="1"> <tr> <td>NAME</td> <td>RELATIONSHIP</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>HOME TELEPHONE</td> <td>WORK TELEPHONE</td> <td>CELL PHONE</td> <td> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell </td> </tr> <tr> <td>EMERGENCY CONTACT</td> <td>RELATIONSHIP</td> <td>TELEPHONE</td> <td> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell </td> </tr> </table>	NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE	HOME TELEPHONE	WORK TELEPHONE	CELL PHONE	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell																					
	NAME	RELATIONSHIP																																		
ADDRESS	CITY	STATE	ZIP CODE																																	
HOME TELEPHONE	WORK TELEPHONE	CELL PHONE	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell																																	
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell																																	
<table border="1"> <tr> <td>INTERNET/LEGAL GUARDIAN SIGNATURE</td> <td>DATE</td> </tr> </table>	INTERNET/LEGAL GUARDIAN SIGNATURE	DATE																																		
INTERNET/LEGAL GUARDIAN SIGNATURE	DATE																																			
UPDATES	<table border="1"> <tr> <td>DATE</td> <td>SIGNATURE</td> <td>DATE</td> <td>SIGNATURE</td> </tr> </table>	DATE	SIGNATURE	DATE	SIGNATURE																															
DATE	SIGNATURE	DATE	SIGNATURE																																	