

## McLaren Print System Order

Order No: 69905 Reprint Previous Order No: 5607  
 Order Date: 2022-05-17  
 User: Renee Krebs  
 Phone: 586-924-5830

Ship Location: Macomb ENT Attn: Renee  
 36557 Harper  
 Clinton Twp. , Mi 48035

### Forms

Quantity: 100  
 Paragon Dept No: 56517  
 Dept Name: MMG  
 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  
**CHILD/ADOLESCENT REGISTRATION** Language Preference: English  
 Other specify

**PARENT INFORMATION**

PARENT NAME LAST FIRST MIDDLE LAST (initials) OCCUPATION SEX  
 ADDRESS CITY STATE ZIP CODE TELEPHONE HOME TELEPHONE FAX TELEPHONE  
 HOME PHONE PREFIX RELATIONSHIP OR OCCUPATION OF PARENT

RELATIONSHIP OCCUPATION SEX  
 RELATIONSHIP OCCUPATION SEX

For appointment reminders only, use phone number \_\_\_\_\_ and E-mail \_\_\_\_\_  
 For leaving a message, use phone number \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

NAME ADDRESS CITY STATE ZIP TELEPHONE HOME TELEPHONE FAX TELEPHONE  
 HOME PHONE PREFIX RELATIONSHIP OR OCCUPATION OF PARENT

EMPLOYER ADDRESS OCCUPATION EMPLOYER TELEPHONE HOME PHONE EMPLOYED  
 EMPLOYER ADDRESS OCCUPATION EMPLOYER TELEPHONE HOME PHONE EMPLOYED

**INSURANCE INFORMATION**

PRIMARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME RELATIONSHIP BIRTH DATE  
 SECONDARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME RELATIONSHIP BIRTH DATE

**OTHER INFORMATION**

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS  
 NAME RELATIONSHIP ADDRESS CITY STATE ZIP CODE HOME TELEPHONE HOME TELEPHONE FAX TELEPHONE  
 HOME PHONE PREFIX RELATIONSHIP OR OCCUPATION OF PARENT

EMERGENCY CONTACT RELATIONSHIP TELEPHONE  
 HOME PHONE PREFIX

LEGAL GUARDIAN SIGNATURE DATE  
 DATE SIGNATURE DATE SIGNATURE

UPDATES CHILD REGISTRATION