

## McLaren Print System Order

Order No: 71096 Reprint Previous Order No: 5523  
 Order Date: 2022-07-11  
 User: colleen taraskavage  
 Phone: 810-658-6503

Ship Location: MMG Davison Community Medical Center  
 10090 E. Lippincott Blvd  
 Davison, Michigan 48423

### Forms

Quantity: 500  
 Paragon Dept No: 50002  
 Dept Name: MMG Davison CMC  
 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>PERSON NAME</td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>INITIAL</td> <td>STREET</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="2">ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="4"> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> Other                 </td> </tr> <tr> <td>TELEPHONE</td> <td>AREA</td> <td colspan="2">NUMBER</td> <td colspan="5"> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other                 </td> </tr> <tr> <td>CELL PHONE</td> <td colspan="2">AREA</td> <td colspan="2">NUMBER</td> <td colspan="4"> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other                 </td> </tr> </table>	PERSON NAME	LAST	FIRST	MIDDLE	INITIAL	STREET	CITY	STATE	ZIP CODE	ADDRESS		CITY	STATE	ZIP CODE	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> Other				TELEPHONE	AREA	NUMBER		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					CELL PHONE	AREA		NUMBER		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<table border="1"> <tr> <td> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other                 </td> <td> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed                 </td> <td> <input type="checkbox"/> Other                 </td> </tr> <tr> <td> <input type="checkbox"/> Protestant <input type="checkbox"/> Catholic <input type="checkbox"/> Other                 </td> <td> <input type="checkbox"/> Baptist <input type="checkbox"/> Methodist <input type="checkbox"/> Lutheran                 </td> <td> <input type="checkbox"/> Other                 </td> </tr> <tr> <td> <input type="checkbox"/> Presbyterian <input type="checkbox"/> Episcopalian <input type="checkbox"/> Anglican                 </td> <td> <input type="checkbox"/> Evangelical <input type="checkbox"/> Pentecostal <input type="checkbox"/> Baptist                 </td> <td> <input type="checkbox"/> Other                 </td> </tr> <tr> <td> <input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Jewish                 </td> <td> <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Other                 </td> <td> <input type="checkbox"/> None                 </td> </tr> </table>								<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Other	<input type="checkbox"/> Protestant <input type="checkbox"/> Catholic <input type="checkbox"/> Other	<input type="checkbox"/> Baptist <input type="checkbox"/> Methodist <input type="checkbox"/> Lutheran	<input type="checkbox"/> Other	<input type="checkbox"/> Presbyterian <input type="checkbox"/> Episcopalian <input type="checkbox"/> Anglican	<input type="checkbox"/> Evangelical <input type="checkbox"/> Pentecostal <input type="checkbox"/> Baptist	<input type="checkbox"/> Other	<input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Other	<input type="checkbox"/> None
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