

## McLaren Print System Order

Order No: 71547 Reprint Previous Order No: 12740  
 Order Date: 2022-07-29  
 User: Nicholas Briguglio  
 Phone: 5868760596

Ship Location: Nik Multi Specialty  
 36500 Gratiot, Suite 102  
 Clinton Township, MI 48035

### Forms

Quantity: 1000  
 Paragon Dept No: 26200  
 Dept Name: MAC Admin  
 Company Number: 260

Order Total Price: 0.00

Item Number: MM-17305A Macomb  
 Item Description: Adult Registration  
 Revision Date: 9/2013  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info: 2 sided; do not tumble

MCLAREN MACOMB ADULT REGISTRATION		Language Preference: <input checked="" type="radio"/> English <input type="radio"/> Other specify _____	
PARENT INFORMATION	FIRST NAME: _____ LAST: _____ PHON: _____ STATE: _____ ZIP CODE: _____ BIRTH DATE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ BIRTH DATE: _____ TELEPHONE: _____ FAX: _____ CELL PHONE: _____ EMPLOYER: _____ OCCUPATION: _____ NEW LONG EMPLOYER: _____ EMPLOYER TELEPHONE: _____ EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PARENT LANE PROVIDED: _____ REFERRED OR RECOMMENDED BY: _____	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
	NAME: _____ LAST: _____ PHON: _____ STATE: _____ RELATIONSHIP: _____ TELEPHONE: _____ FAX: _____ BIRTH DATE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ EMPLOYER: _____ OCCUPATION: _____ NEW LONG EMPLOYER: _____ EMPLOYER TELEPHONE: _____ EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PARENT INSURANCE: _____ SUBSCRIBER: _____ BIRTH DATE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ POLICY # _____ GROUP # _____ EMPLOYEE ORGANIZ: _____ GROUP NAME: _____ INSURANCE COMPANY TELEPHONE: _____ INSURANCE TELEPHONE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	SECONDARY INSURANCE: _____ SUBSCRIBER: _____ BIRTH DATE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ POLICY # _____ GROUP # _____ EMPLOYEE ORGANIZ: _____ GROUP NAME: _____ INSURANCE COMPANY TELEPHONE: _____ INSURANCE TELEPHONE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS NAME: _____ RELATIONSHIP: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ HOME TELEPHONE: _____ HOME TELEPHONE: _____ EMERGENCY CONTACT: _____ RELATIONSHIP: _____ TELEPHONE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE: _____ DATE: _____ SIGNATURE: _____ DATE: _____	ADULT REGISTRATION		08/15/2013 Rev 01/13