

## McLaren Print System Order

Order No: 71595 Reprint Previous Order No: 5523  
 Order Date: 2022-08-03  
 User: Tonya Furtah  
 Phone: 8105618450

Ship Location: MMG-St. Clair Family Practice - Attn: Tonya  
 1163 St. Carney Drive  
 St. Clair, MI 48079

### Forms

Quantity: 500  
 Paragon Dept No: 66000  
 Dept Name: MMG-St. Clair Family Practice  
 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>TELEPHONE</td> <td>HOME</td> <td>WORK</td> <td>CELL</td> <td>TELEPHONE</td> <td>HOME</td> <td>WORK</td> <td>CELL</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="4"></td> </tr> <tr> <td>EMPLOYER</td> <td>OCCUPATION</td> <td>HOW LONG EMPLOYED</td> <td>EMPLOYER TELEPHONE</td> <td colspan="4"></td> </tr> </table>	PERSON NAME	LAST	FIRST	MIDDLE	INITIAL	STREET	CITY	STATE	ZIP CODE	TELEPHONE	HOME	WORK	CELL	TELEPHONE	HOME	WORK	CELL	ADDRESS	CITY	STATE	ZIP CODE					EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE					<table border="1"> <tr> <td>SEX</td> <td>DATE OF BIRTH</td> <td>RELATIONSHIP</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> </tr> </table>	SEX	DATE OF BIRTH	RELATIONSHIP	1	1	1
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