

**McLaren Print System Order**

Order No: 71924 Reprint Previous Order No: 5523  
 Order Date: 2022-08-25  
 User: STEPHANIE BENDER  
 Phone: 12314877441

Ship Location: McLaren Gaylord Family Practice  
 1320 M-32 East  
 Gaylord, MI 49735

**Forms**

Quantity: 1000  
 Paragon Dept No: 50684  
 Dept Name: McLaren Gaylord 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	PREFIX NAME: _____ CLASS: _____ PHON: _____ SEX: _____ A F M U Other	STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____	SPECIALTY: _____ A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Other	
	TELEPHONE: _____ FAX: _____	BIRTH DATE: _____ M D Y	EMPLOYER: _____ OCCUPATION: _____ HOW LONG EMPLOYED: _____ EMPLOYER TELEPHONE: _____	
	EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	PRESENT CARE PHYSICIAN: _____ REFERRED BY/RECOMMENDED BY: _____		
	For appointment reminders only, use phone number _____ and E-mail _____ For texting & messages, use phone number _____			
SPOUSE / LEGAL GUARDIAN INFORMATION	NAME: _____ CLASS: _____ PHON: _____ SEX: _____ A F M U Other	RELATIONSHIP: _____ TELEPHONE: _____ BIRTH DATE: _____ M D Y	ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	
	EMPLOYER: _____ OCCUPATION: _____ HOW LONG EMPLOYED: _____ EMPLOYER TELEPHONE: _____	EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
INSURANCE INFORMATION	PRIMARY INSURANCE: _____ POLICY # _____ GROUP # _____	SUBSCRIBER: _____ EMPLOYEE CATEGORIES: _____ GROUP NAME: _____	BIRTH DATE: _____ M D Y	
	SECONDARY INSURANCE: _____ POLICY # _____ GROUP # _____	SUBSCRIBER: _____ EMPLOYEE CATEGORIES: _____ GROUP NAME: _____	BIRTH DATE: _____ M D Y	
OTHER INFORMATION	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS			
	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	RELATIONSHIP: _____ HOME TELEPHONE: _____ HOME TELEPHONE: _____	TELEPHONE: _____ TELEPHONE: _____	
UPDATES	REFERENTIAL GUARDIAN SIGNATURE: _____ DATE: _____			
	DATE: _____ SIGNATURE: _____	DATE: _____ SIGNATURE: _____		