

McLaren Print System Order

Order No: 73502 Reprint Previous Order No: 5607
 Order Date: 2022-11-08
 User: Sheryl Weiler
 Phone: 2489229975

Ship Location: McLaren Oakland Clarkston Internal Medicine
 6507 TOWN CENTER DR SUITE A
 CLARKSTON, Michigan 48346

Forms

Quantity: 100
 Paragon Dept No: 73150
 Dept Name: McLaren Oakland Clarkston Internal Medicine
 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-INITIAL
 ADDRESS CITY STATE ZIP-CODE
 TELEPHONE HOME FAX
 PARENT LINE POSITION RELATIONSHIP TO REGISTERED PATIENT

RELIGION
 English
 Spanish
 Chinese
 Vietnamese
 Korean
 Tagalog
 Hindi
 Arabic
 Russian
 Other

ETHNICITY
 American Indian
 Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Middle Eastern or North African
 Native Hawaiian or Other Pacific Islander
 White

SEX
 Male
 Female
 Other

DATE OF BIRTH
 MONTH DAY YEAR

RELATIONSHIP TO REGISTERED PATIENT
 Parent
 Grandparent
 Other

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 FAX
 EMPLOYER OCCUPATION
 EMPLOYER ADDRESS
 EMPLOYER TELEPHONE HOME LINE EMPLOYER

INSURANCE INFORMATION

PRIMARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME
 SECONDARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

NAME RELATIONSHIP
 ADDRESS CITY STATE ZIP-CODE
 HOME TELEPHONE HOME TELEPHONE
 EMERGENCY CONTACT RELATIONSHIP TELEPHONE

LEGAL GUARDIAN SIGNATURE DATE

DATE SIGNATURE DATE SIGNATURE

MC 17305B-01-16 CHILD REGISTRATION