

**McLaren Print System Order**

Order No: 73673 Reprint Previous Order No: 5523  
 Order Date: 2022-11-15  
 User: Leah Blair  
 Phone: 9898263271

Ship Location: Primary Care Att Tiff  
 558 Lockwood Lane  
 Mio, MI 48647

**Forms**

Quantity: 500  
 Paragon Dept No: 69230  
 Dept Name: Primary Care  
 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> <th>PERSON NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>IF PAID (IF PAID)</th> <th>STATUS (IF PAID)</th> <th>IF WOMAN (IF PAID)</th> <th>IF HISPANIC (IF PAID)</th> <th>IF OTHER (IF PAID)</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PERSON NAME	LAST	FIRST	MIDDLE	IF PAID (IF PAID)	STATUS (IF PAID)	IF WOMAN (IF PAID)	IF HISPANIC (IF PAID)	IF OTHER (IF PAID)	1								<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>			ADDRESS	CITY	STATE	ZIP CODE	1			
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