

## McLaren Print System Order

Order No: 74275 Reprint Previous Order No: 5607  
 Order Date: 2022-12-23  
 User: Holly Reibel  
 Phone: 248-627-3535

Ship Location: McLaren Oakland Ortonville  
 180 N. Ortonville Rd  
 Ortonville, Michigan 48462

### Forms

Quantity: 500  
 Paragon Dept No: 73250  
 Dept Name: McLaren Oakland Ortonville  
 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**

PATIENT NAME LAST FIRST MIDDLE LAST  
 ADDRESS CITY STATE ZIP CODE  
 TELEPHONE HOME WORK  
 PATIENT CARE PROVIDER  
 RELATIONSHIP OR REGISTRATION BY

LANGUAGE  
 ENGLISH  
 SPANISH  
 HAITIAN  
 ARABIC  
 VIETNAMESE  
 CHINESE  
 OTHER

ETHNICITY  
 AMERICAN INDIAN  
 ALASKA NATIVE  
 ASIAN  
 BLACK OR AFRICAN AMERICAN  
 HISPANIC OR LATINO  
 PACIFIC ISLANDER  
 OTHER

SEX  
 MALE  
 FEMALE

BIRTH DATE  
 BIRTH PLACE  
 OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE  
 NEW LINE EMPLOYEE

PARENT GUARDIAN RELATIONSHIP  
 PARENT GUARDIAN RELATIONSHIP

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 WORK  
 FAX  
 E MAIL ADDRESS  
 EMPLOYER  
 OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE  
 NEW LINE EMPLOYEE

NAME  
 ADDRESS  
 CITY STATE ZIP  
 TELEPHONE HOME WORK  
 FAX  
 E MAIL ADDRESS  
 EMPLOYER  
 OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE  
 NEW LINE EMPLOYEE

**INSURANCE INFORMATION**

PRIMARY INSURANCE  
 POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME  
 SUBSCRIBER BIRTH DATE

SECONDARY INSURANCE  
 POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME  
 SUBSCRIBER BIRTH DATE

**OTHER INFORMATION**

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS  
 NAME RELATIONSHIP  
 ADDRESS CITY STATE ZIP CODE  
 HOME TELEPHONE HOME TELEPHONE  
 EMERGENCY CONTACT RELATIONSHIP TELEPHONE

PHYSICIAN SIGNATURE DATE  
 DATE SIGNATURE DATE SIGNATURE

UPDATES

MC 17305B-01-16 CHILD REGISTRATION