

## McLaren Print System Order

Order No: 75664  
 Order Date: 2023-03-03  
 User: Kimberly Graleski  
 Phone: 586-493-3880

Ship Location:  
 1030 Harrington, Suite #201  
 Mount Clemens, MI 48043

Forms  
 Quantity: 100  
 Paragon Dept No: 52074  
 Dept Name: WHA Mount Clemens  
 Company Number: 260

Order Total Price: 4.98

Item Number: MM-17305A Macomb  
 Item Description: Adult Registration  
 Revision Date: 9/2013  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: 5 Hole Top  
 Poster:  
 Misc Info: 2 sided; do not tumble

McLAREN INCOME ADULT REGISTRATION Language Preference:  English  Other specify \_\_\_\_\_

**PATIENT INFORMATION**

NAME: LAST FIRST MIDDLE INITIAL SEX:  Male  Female  
 ADDRESS: CITY STATE ZIP CODE  
 TELEPHONE: HOME CELLPHONE: FAX: EMPLOYER: OCCUPATION: NEW LINE EMPLOYER: EMPLOYER TELEPHONE:  
 EMPLOYER ADDRESS: CITY STATE ZIP CODE  
 PRIMARY CARE PHYSICIAN: RETURNED OR RECOMMENDED BY:

**SPOUSE / LEGAL GUARDIAN INFORMATION**

NAME: LAST FIRST MIDDLE INITIAL RELATIONSHIP:  Spouse  Legal Guardian  
 ADDRESS: CITY STATE ZIP CODE  
 EMPLOYER: OCCUPATION: NEW LINE EMPLOYER: EMPLOYER TELEPHONE:  
 EMPLOYER ADDRESS: CITY STATE ZIP CODE  
 PRIMARY INSURANCE: SUBSCRIBER: WITH DATE:  
 ADDRESS: CITY STATE ZIP CODE  
 POLICY #: GROUP #: EMPLOYEE DESIGNATION: GROUP NAME:  
 INSURANCE COMPANY TELEPHONE: PRE-CERTIFICATION TELEPHONE:  
 SECONDARY INSURANCE: SUBSCRIBER: WITH DATE:  
 ADDRESS: CITY STATE ZIP CODE  
 POLICY #: GROUP #: EMPLOYEE DESIGNATION: GROUP NAME:  
 INSURANCE COMPANY TELEPHONE: PRE-CERTIFICATION TELEPHONE:

**INSURANCE INFORMATION**

RELATIVE NOT RESIDING AT SAME ADDRESS

**OTHER INFORMATION**

EMERGENCY CONTACT: NAME: RELATIONSHIP: TELEPHONE:  
 INTERVENING GUARDIAN SIGNATURE: DATE:  
 DATE SIGNATURE DATE SIGNATURE

UPDATES: 08/15/2013 (Rev. 02/13) ADULT REGISTRATION