

**McLaren Print System Order**

Order No: 76543 Reprint Previous Order No: 5523  
 Order Date: 2023-04-05  
 User: Leah Blair  
 Phone: 9898263271

Ship Location: Primary Care Att Beth  
 2990 Campbell Rd  
 Rose City , MI 48654

**Forms**

Quantity: 100  
 Paragon Dept No: 69250  
 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>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>INITIAL</th> <th>DOB</th> <th>SEX</th> <th>ETHNICITY</th> <th>RELIGION</th> <th>LANGUAGE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION	LANGUAGE	1									<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>EMERGENCY CONTACT</th> <th>RELATIONSHIP</th> <th>PHONE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	EMERGENCY CONTACT	RELATIONSHIP	PHONE			
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