

## McLaren Print System Order

Order No: 78601 Reprint Previous Order No: 5607  
 Order Date: 2023-08-01  
 User: Andrea Condit  
 Phone: 810-678-4090

Ship Location: McLaren Lapeer Primary Care  
 1200 Barry Dr  
 Lapeer, MI 48446

### Forms

Quantity: 1000  
 Paragon Dept No: 65000  
 Dept Name: McLaren Lapeer Primary Care  
 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 (optional) OCCUPATION ETHNICITY SEX  
 ADDRESS CITY STATE ZIP CODE  
 TELEPHONE HOME FAX  
 PARENT LINE PREFERENCE RELATIONSHIP OR REGISTRATION ID  
 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 FAX  
 EMPLOYER OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE HOME LONG-DISTANCE  
 NAME ADDRESS CITY STATE ZIP  
 TELEPHONE HOME FAX  
 EMPLOYER OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE HOME LONG-DISTANCE

**INSURANCE INFORMATION**

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

**OTHER INFORMATION**

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

**UPDATES**

PHYSICIAN SIGNATURE DATE  
 DATE SIGNATURE DATE SIGNATURE

MC 17305B-01-01 CHILD REGISTRATION