

## McLaren Print System Order

Order No: 84015 Reprint Previous Order No: 5523  
 Order Date: 2024-03-25  
 User: Teresa Wenzlick  
 Phone: 9897795692

Ship Location: McLaren Health Park 4 - Attn: Jody  
 2853 Health Parkway  
 Mt. Pleasant, MI 48858

### Forms

Quantity: 500  
 Paragon Dept No: 50662  
 Dept Name: Mt. Pleasant  
 Company Number: 810

Order Total Price: 16.75

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	PREFIX NAME LAST FIRST MIDDLE ADDRESS CITY STATE ZIP CODE TELEPHONE HOME FAX BIRTH DATE CELL PHONE HOME ADDRESS EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE EMPLOYER ADDRESS CITY STATE ZIP CODE PRESENT CARE PROVIDER REFERRED OR RECOMMENDED BY	SPECIALty: <input type="checkbox"/> Allergy & Immunology <input type="checkbox"/> Cardiology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Geriatrics <input type="checkbox"/> Gynecology <input type="checkbox"/> Hematology/Oncology <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary/Chest Disease <input type="checkbox"/> Radiology <input type="checkbox"/> Surgery <input type="checkbox"/> Urology <input type="checkbox"/> Vascular Medicine <input type="checkbox"/> Dermatology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Otolaryngology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Pathology <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Podiatry <input type="checkbox"/> Radiation Oncology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Trauma <input type="checkbox"/> Urology <input type="checkbox"/> Women's Health <input type="checkbox"/> Other		
	For appointment reminders only, use phone number and E-mail			
	For texting & message, use phone number			
	SPOUSE / LEGAL GUARDIAN INFORMATION	NAME LAST FIRST MIDDLE RELATIONSHIP TELEPHONE HOME FAX BIRTH DATE ADDRESS CITY STATE ZIP CODE EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE EMPLOYER ADDRESS CITY STATE ZIP CODE		
PRIMARY INSURANCE POLICY # GROUP # EMPLOYEE CATEGORIES GROUP NAME SECONDARY INSURANCE POLICY # GROUP # EMPLOYEE CATEGORIES 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			
UPDATES	REFERENTIAL GUARDIAN SIGNATURE DATE			
	DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE			