

## McLaren Print System Order

Order No: 86891  
 Order Date: 2024-07-12  
 User: TINA PLAUTZ  
 Phone: 248-674-2259

Ship Location: Waterford Medical Associates  
 5210 Highland Rd Ste 201  
 Waterford, MI 48327

Form  
 Quantity: 500  
 Paragon Dept No: 73000  
 Dept Name: Waterford Medical Associates  
 Company Number:

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  
 Poster:  
 Misc Info:

MCLAREN MEDICAL GROUP ADULT REGISTRATION		Language Preference: English Other specify:																																													
RESIDENT INFORMATION	PERSON NAME	LAST	FIRST	MIDDLE	INITIAL	21 Years	22 Years	23 Years	24 Years	25 Years	26 Years	27 Years	28 Years	29 Years	30 Years	31 Years	32 Years	33 Years	34 Years	35 Years	36 Years	37 Years	38 Years	39 Years	40 Years	41 Years	42 Years	43 Years	44 Years	45 Years	46 Years	47 Years	48 Years	49 Years	50 Years												
	ADDRESS	CITY		STATE	ZIP CODE	<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other																			
	TELEPHONE	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0						
	CALL PHONE	A NEW ADDRESS																																													
	EMPLOYER	OCCUPATION		HOW LONG EMPLOYED		EMPLOYER TELEPHONE		1		2		3		4		5		6		7		8		9		0		1		2		3		4		5		6		7		8		9		0	
	EMPLOYER ADDRESS	CITY		STATE	ZIP CODE																																										
	PRESENT HEALTH CARE	REFERRED BY/RECOMMENDED BY																																													
	For appointment reminders only, use phone number _____ and E-mail _____																																														
	For texting a message, use phone number _____																																														
	SPOUSE LEGAL GUARDIAN INFORMATION	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																									
TELEPHONE		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0						
ADDRESS		CITY		STATE	ZIP CODE																																										
INSURANCE INFORMATION	EMPLOYER	OCCUPATION		HOW LONG EMPLOYED		EMPLOYER TELEPHONE		1		2		3		4		5		6		7		8		9		0		1		2		3		4		5		6		7		8		9		0	
	EMPLOYER ADDRESS	CITY		STATE	ZIP CODE																																										
	PRESENT INSURANCE	SUBSCRIBER		BIRTH DATE																																											
	PLAN #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																											
	PREVIOUS INSURANCE	SUBSCRIBER		BIRTH DATE																																											
	PLAN #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																											
OTHER INFORMATION	RELATIVE NOT RESIDING AT SAME ADDRESS																																														
	NAME	RELATIONSHIP																																													
	ADDRESS	CITY		STATE	ZIP CODE																																										
	HOME TELEPHONE	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0						
EMERGENCY CONTACT	RELATIONSHIP		TELEPHONE		1		2		3		4		5		6		7		8		9		0		1		2		3		4		5		6		7		8		9		0				
PHYSICIAN, GUARDIAN SIGNATURE	DATE																																														
DATE	SIGNATURE	DATE	SIGNATURE																																												

### Spec Info: