

**McLaren Print System Order**

Order No: 87123  
 Order Date: 2024-07-22  
 Order Request Date:  
 User: STEPHANIE BENDER  
 Phone: 2314877200

Ship Location: McLaren Gaylord Family Practice  
 1320 M-32 East  
 Gaylord, MI 49735

Brochures  
 Quantity: 500  
 Paragon Dept No: 50692  
 Dept Name: McLaren Gaylord Family Practice  
 Company Number:

Order Total Price: 16.75

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  
 Poster:  
 Misc Info:

McLAREN MEDICAL GROUP  
 CHILD/ADOLESCENT REGISTRATION

Language Preference: English  
 Other specify:

PARENT INFORMATION

PARENT 1: NAME, LAST, FIRST, MIDDLE, ADDRESS, CITY, STATE, ZIP/PO BOX, TELEPHONE, FAX, EMPLOYER, OCCUPATION, EMPLOYER ADDRESS, EMPLOYER TELEPHONE, HOW LONG EMPLOYED

PARENT 2: NAME, LAST, FIRST, MIDDLE, ADDRESS, CITY, STATE, ZIP, TELEPHONE, FAX, EMPLOYER, OCCUPATION, EMPLOYER ADDRESS, EMPLOYER TELEPHONE, HOW LONG EMPLOYED

INSURANCE INFORMATION

PRIMARY INSURANCE: POLICY #, GROUP #, EMPLOYER CONTRIBUTION, GROUP NAME, SUBSCRIBER, BIRTH DATE

SECONDARY INSURANCE: POLICY #, GROUP #, EMPLOYER CONTRIBUTION, GROUP NAME, SUBSCRIBER, BIRTH DATE

OTHER INFORMATION

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS: NAME, RELATIONSHIP, ADDRESS, CITY, STATE, ZIP/PO BOX, HOME TELEPHONE, HOME TELEPHONE, TELEPHONE

EMERGENCY CONTACT: NAME, RELATIONSHIP, TELEPHONE

LEGAL SIGNATURE: PARENT/LEGAL GUARDIAN SIGNATURE, DATE

UPDATES: NAME, OCCUPATION, ADDRESS, OCCUPATION

CHILD REGISTRATION

Spec Info: