

**McLaren Print System Order**

Order No: 89013  
 Order Date: 2024-10-15  
 Order Request Date:  
 User: Tiffany Badour  
 Phone: 989-393-2700

Ship Location: Bay Uptown Primary Care Attn: Tiffany  
 4 Columbus Ave, Suite 380  
 Bay City, MI 48708

Brochures  
 Quantity: 1000  
 Paragon Dept No: 51559  
 Dept Name: Bay Primary Care  
 Company Number:

Order Total Price: 31.00

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  
 Poster:  
 Misc Info:

McLAREN MEDICAL GROUP  
 ADULT REGISTRATION

Language Preference: English  
 Other specify:

PATIENT INFORMATION

NAME	LAST	FIRST	MIDDLE	RELATIONSHIP
ADDRESS	CITY	STATE	ZIP CODE	
TELEPHONE	HOME	WORK	CELL PHONE	
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	
PHYSICIAN NAME	REFERRED OR 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
ADDRESS	CITY	STATE	ZIP CODE	
TELEPHONE	HOME	WORK	CELL PHONE	
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	

INSURANCE INFORMATION

INSURANCE	GROUP	EMPLOYEE OR DEPENDENT	GROUP NAME
INSURANCE	GROUP	EMPLOYEE OR DEPENDENT	GROUP NAME

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

NAME	RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE		
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE	

PHYSICIAN/LEGAL GUARDIAN SIGNATURE

SIGNATURE	DATE
SIGNATURE	DATE

UPDATES

ADULT REGISTRATION

Spec Info: