

**McLaren Print System Order**

**Order No: 89064**  
**Order Date: 2024-10-17**  
**Order Request Date:**  
**User: Teresa Wenzlick**  
**Phone: 9897795692**

**Ship Location: McLaren Central Comp/ReadyCare - Attn: Shannon**  
**1523 S Mission St**  
**Mt. Pleasant, MI 48858**

**Brochures**  
**Quantity: 500**  
**Paragon Dept No: 55802**  
**Dept Name: Teresa Wenzlick**  
**Company Number:**

**Order Total Price: 16.75**

**Item Number: MM-165**  
**Item Description: Patient Information Sheet (Occupational Health)**  
**Revision Date: 10/2018**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill:**  
**Poster:**  
**Misc Info:**

**McLAREN MEDICAL GROUP**  
**PATIENT INFORMATION SHEET**

PLEASE PRINT

PATIENT NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GENDER (CIRCLE ONE):      MALE      FEMALE

BIRTHDAY: \_\_\_\_\_

NAME OF COMPANY REQUESTING TEST: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

COMPANY PHONE #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

REASON FOR VISIT / CHIEF COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*PLEASE HAVE DRIVER'S LICENSE OR PICTURE IDENTIFICATION AVAILABLE\*\*\*

PATIENT INFORMATION SHEET  
MM-165-18

FORM 100  
10/18/18

**Spec Info:**