

McLaren Print System Order

Order No: 91922
 Order Date: 2025-01-28
 User: Michele Thornberry
 Phone: 248-620-2325

Ship Location: Clarkston Medical Building Attn: Michele
 5701 bow pointe dr ste 300
 clarkston, Michigan 48346

Form
 Quantity: 500
 Paragon Dept No: 57009
 Dept Name: ok84
 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: _____

RESIDENT INFORMATION

RESIDENT NAME: LAST FIRST MIDDLE AKA/ALIAS
 ADDRESS CITY STATE ZIP CODE
 TELEPHONE HOME FAX
 PRIMARY CARE PHYSICIAN PHYSICIAN OR OCCUPATION OF _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN RELATIONSHIP PARENT/GUARDIAN RELATIONSHIP
 For appointment reminders only, use phone number _____ and E-mail _____
 For leaving a message, use phone number _____

PARENT/GUARDIAN INFORMATION

NAME ADDRESS CITY STATE ZIP
 TELEPHONE HOME FAX
 EMPLOYER OCCUPATION
 EMPLOYER ADDRESS EMPLOYER TELEPHONE HOME LONG-DISTANCE

INSURANCE INFORMATION

PRIMARY INSURANCE POLICY # GROUP # EMPLOYER OR BUSINESS GROUP NAME BIRTH DATE
 SECONDARY INSURANCE POLICY # GROUP # EMPLOYER OR BUSINESS GROUP NAME BIRTH DATE

OTHER INFORMATION

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

PHYSICIAN SIGNATURE DATE
 DATE SIGNATURE DATE SIGNATURE
 CHILD REGISTRATION

Spec Info: Original Poster Size