

**McLaren Print System Order**

Order No: 43393 Reprint Previous Order No: 5607  
 Order Date: 2019-03-06  
 User: Scott Glasson  
 Phone: 248-391-9090

Ship Location: McLaren Oakland Oxford Family Medicine  
 385 N. Lapeer Rd  
 Oxford, MI 48371

**Forms**

Quantity: 100  
 Paragon Dept No: 73600  
 Dept Name: McLaren Oakland Waldon Family Medicine  
 Company Number: 810

Order Total Price: 0.00

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  
 Misc Info:

McLAREN MEDICAL GROUP Language Preference: English  
**CHILD/ADOLESCENT REGISTRATION** Other specify

**PARENT INFORMATION**

NAME LAST FIRST MIDDLE PHONE HOME PHONE FAX  
 ADDRESS CITY STATE ZIP  
 TELEPHONE HOME FAX  
 E MAIL ADDRESS  
 OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE NEW LINE EMPLOYER

**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  
 E MAIL ADDRESS  
 OCCUPATION  
 EMPLOYER ADDRESS  
 EMPLOYER TELEPHONE NEW LINE EMPLOYER

**INSURANCE INFORMATION**

PRIMARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME  
 SECONDARY INSURANCE POLICY # GROUP # EMPLOYER ENROLLMENT GROUP NAME

**OTHER INFORMATION**

**NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS**

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

**LEGAL GUARDIAN SIGNATURE** DATE

DATE SIGNATURE DATE SIGNATURE

MC 17305B-01-16 **CHILD REGISTRATION**