

## McLaren Print System Order

Order No: 48380 Reprint Previous Order No: 5523  
 Order Date: 2019-09-03  
 User: Alicia Mullett  
 Phone: 9893932850

Ship Location: **MCLAREN OCCUPATIONAL HEALTH**  
 4 Columbus Ave; suite 140  
 BAY CITY, MI 48708

### Forms

Quantity: 500  
 Paragon Dept No: 65100  
 Dept Name:  
 Company Number: 810

Order Total Price: 0.00

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  
 Misc Info:

MCLAREN MEDICAL GROUP ADULT REGISTRATION		Language Preference: English Other specify:																																															
PATIENT INFORMATION	<table border="1"> <tr> <th>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>INITIAL</th> <th>DOB</th> <th>SEX</th> <th>ETHNICITY</th> <th>RELIGION</th> <th>LANGUAGE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION	LANGUAGE	1									<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>PHONE</th> <th>HOME</th> <th>WORK</th> <th>CELL</th> <th>FAX</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	HOME	WORK	CELL	FAX	1					<table border="1"> <tr> <th>EMPLOYER</th> <th>OCCUPATION</th> <th>HOW LONG EMPLOYED</th> <th>EMPLOYER TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE				
	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION	LANGUAGE																																							
	1																																																
	ADDRESS	CITY	STATE	ZIP CODE																																													
PHONE	HOME	WORK	CELL	FAX																																													
1																																																	
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																																														
<table border="1"> <tr> <th>EMPLOYER ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		EMPLOYER ADDRESS	CITY	STATE	ZIP CODE					<table border="1"> <tr> <th>PREVIOUS CARE PROVIDER</th> <th>REFERRED OR RECOMMENDED BY</th> </tr> <tr> <td></td> <td></td> </tr> </table>		PREVIOUS CARE PROVIDER	REFERRED OR RECOMMENDED BY																																				
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE																																														
PREVIOUS CARE PROVIDER	REFERRED OR RECOMMENDED BY																																																
For appointment reminders only, use phone number _____ and E-mail _____ For texting & messages, use phone number _____																																																	
SPOUSE / LEGAL GUARDIAN INFORMATION	<table border="1"> <tr> <th>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>RELATIONSHIP</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																									
	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																												
<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				ADDRESS	CITY	STATE	ZIP CODE																																										
ADDRESS	CITY	STATE	ZIP CODE																																														
INSURANCE INFORMATION	<table border="1"> <tr> <th>PRIMARY INSURANCE</th> <th>SUBSCRIBER</th> <th>START DATE</th> </tr> <tr> <td> <table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td></td> <td></td> </tr> </table>			PRIMARY INSURANCE	SUBSCRIBER	START DATE	<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																						
	PRIMARY INSURANCE	SUBSCRIBER	START DATE																																														
<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																													
POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																														
<table border="1"> <tr> <th>SECONDARY INSURANCE</th> <th>SUBSCRIBER</th> <th>START DATE</th> </tr> <tr> <td> <table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td></td> <td></td> </tr> </table>				SECONDARY INSURANCE	SUBSCRIBER	START DATE	<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																						
SECONDARY INSURANCE	SUBSCRIBER	START DATE																																															
<table border="1"> <tr> <th>POLICY #</th> <th>GROUP #</th> <th>EMPLOYEE CATEGORIES</th> <th>GROUP NAME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																													
POLICY #	GROUP #	EMPLOYEE CATEGORIES	GROUP NAME																																														
OTHER INFORMATION	<table border="1"> <tr> <th colspan="5">NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS</th> </tr> <tr> <th>NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>RELATIONSHIP</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS					NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																				
	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS																																																
NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																													
<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				ADDRESS	CITY	STATE	ZIP CODE																																										
ADDRESS	CITY	STATE	ZIP CODE																																														
UPDATES	<table border="1"> <tr> <th>HOME TELEPHONE</th> <th>WORK TELEPHONE</th> <th>CELL TELEPHONE</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>			HOME TELEPHONE	WORK TELEPHONE	CELL TELEPHONE	1																																										
	HOME TELEPHONE	WORK TELEPHONE	CELL TELEPHONE																																														
1																																																	
<table border="1"> <tr> <th>EMERGENCY CONTACT</th> <th>RELATIONSHIP</th> <th>TELEPHONE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																																											
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																																															
<table border="1"> <tr> <th>INTERNET/LEGAL GUARDIAN SIGNATURE</th> <th>DATE</th> </tr> <tr> <td></td> <td></td> </tr> </table>				INTERNET/LEGAL GUARDIAN SIGNATURE	DATE																																												
INTERNET/LEGAL GUARDIAN SIGNATURE	DATE																																																
<table border="1"> <tr> <th>DATE</th> <th>SIGNATURE</th> <th>DATE</th> <th>SIGNATURE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				DATE	SIGNATURE	DATE	SIGNATURE																																										
DATE	SIGNATURE	DATE	SIGNATURE																																														