

**McLaren Print System Order**

Order No: 49449 Reprint Previous Order No: 5523  
 Order Date: 2019-10-14  
 User: Diana Garver  
 Phone: 989-386-8170

Ship Location: McLaren Central - Clare Clinic - Attn: Jeanette  
 1509 N McEwan  
 Clare, Michigan (USA) 48617

**Forms**

Quantity: 500  
 Paragon Dept No: 75075  
 Dept Name: Clare Clinic  
 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	PREFIX NAME LAST FIRST MIDDLE ADDRESS CITY STATE ZIP CODE TELEPHONE 1 2 3 4 5 6 7 8 9 0 FAX NUMBER 1 2 3 4 5 6 7 8 9 0 EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE 1 2 3 4 5 6 7 8 9 0 EMPLOYER ADDRESS CITY STATE ZIP CODE PRESENT CARE PROVIDER REFERRED OR RECOMMENDED BY For appointment reminders only, use phone number and E-mail For texting & message, use phone number	ETHNICITY <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
	SPOUSE / LEGAL GUARDIAN INFORMATION NAME LAST FIRST MIDDLE RELATIONSHIP ADDRESS CITY STATE ZIP CODE TELEPHONE 1 2 3 4 5 6 7 8 9 0 FAX NUMBER 1 2 3 4 5 6 7 8 9 0 EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE 1 2 3 4 5 6 7 8 9 0 EMPLOYER ADDRESS CITY STATE ZIP CODE			
	INSURANCE INFORMATION PRIMARY INSURANCE SUBSCRIBER BIRTH DATE POLICY # GROUP # EMPLOYEE CATEGORIES GROUP NAME SECONDARY INSURANCE SUBSCRIBER BIRTH DATE POLICY # GROUP # EMPLOYEE CATEGORIES GROUP NAME			
	OTHER INFORMATION NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS NAME RELATIONSHIP ADDRESS CITY STATE ZIP CODE HOME TELEPHONE 1 2 3 4 5 6 7 8 9 0 HOME TELEPHONE 1 2 3 4 5 6 7 8 9 0 EMERGENCY CONTACT RELATIONSHIP TELEPHONE 1 2 3 4 5 6 7 8 9 0 TELEPHONE 1 2 3 4 5 6 7 8 9 0			
UPDATES REFERRING PHYSICIAN SIGNATURE DATE DATE SIGNATURE DATE SIGNATURE				