

**McLaren Print System Order**

Order No: 49716 Reprint Previous Order No: 5523  
 Order Date: 2019-10-23  
 User: Shannon Pierce  
 Phone: 810-667-7040

Ship Location: Lapeer Occupational and Convenient Care  
 1254 N Main St  
 Lapeer, MI 48446

**Forms**

Quantity: 1000  
 Paragon Dept No: 65100  
 Dept Name: Lapeer Occupational and Convenient Care  
 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	FIRST NAME LAST FNUK BIRTH DATE ADDRESS CITY STATE ZIP CODE TELEPHONE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 CELL PHONE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE 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 & messages, use phone number	<input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> Hindi <input type="checkbox"/> Bengali <input type="checkbox"/> Gujarati <input type="checkbox"/> Punjabi <input type="checkbox"/> Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Persian <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Czech <input type="checkbox"/> Slovak <input type="checkbox"/> Croatian <input type="checkbox"/> Serbian <input type="checkbox"/> Slovenian <input type="checkbox"/> Bulgarian <input type="checkbox"/> Romanian <input type="checkbox"/> Greek <input type="checkbox"/> Turkish <input type="checkbox"/> Portuguese <input type="checkbox"/> Italian <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Dutch <input type="checkbox"/> Swedish <input type="checkbox"/> Norwegian <input type="checkbox"/> Danish <input type="checkbox"/> Finnish <input type="checkbox"/> Icelandic <input type="checkbox"/> Hungarian <input type="checkbox"/> Czech <input type="checkbox"/> Slovak <input type="checkbox"/> Croatian <input type="checkbox"/> Serbian <input type="checkbox"/> Slovenian <input type="checkbox"/> Bulgarian <input type="checkbox"/> Romanian <input type="checkbox"/> Greek <input type="checkbox"/> Turkish <input type="checkbox"/> Portuguese <input type="checkbox"/> Italian <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Dutch <input type="checkbox"/> Swedish <input type="checkbox"/> Norwegian <input type="checkbox"/> Danish <input type="checkbox"/> Finnish <input type="checkbox"/> Icelandic <input type="checkbox"/> Hungarian	
	SPOUSE / LEGAL GUARDIAN INFORMATION	NAME LAST FNUK BIRTH DATE RELATIONSHIP ADDRESS CITY STATE ZIP CODE EMPLOYER OCCUPATION HOW LONG EMPLOYED EMPLOYER TELEPHONE EMPLOYER ADDRESS CITY STATE ZIP CODE	
		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 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 HOME TELEPHONE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 EMERGENCY CONTACT RELATIONSHIP TELEPHONE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	
REFERENTIAL GUARDIAN SIGNATURE DATE DATE SIGNATURE DATE SIGNATURE ADULT REGISTRATION			