

McLaren Print System Order

Order No: 52234 Reprint Previous Order No: 5607
 Order Date: 2020-01-31
 User: Holly Reibel
 Phone: 2486273535

Ship Location: McLaren Oakland Lake Orion ATTN: Holly
 180 N. Ortonville Rd
 Ortonville, Michigan 48462

Forms

Quantity: 500
 Paragon Dept No: 73250
 Dept Name: McLaren Oakland Ortonville
 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
CHILD/ADOLESCENT REGISTRATION Language Preference: English
 Other specify

PARENT INFORMATION

PATIENT NAME LAST FIRST MIDDLE LAST
 ADDRESS CITY STATE ZIP CODE
 TELEPHONE HOME WORK
 PATIENT CARE PROVIDER
 RELATIONSHIP OR REGISTRATION BY

LANGUAGE
 ENGLISH
 SPANISH
 HAITIAN
 ARABIC
 VIETNAMESE
 CHINESE
 OTHER

ETHNICITY
 AMERICAN INDIAN
 ALASKA NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 HISPANIC OR LATINO
 PACIFIC ISLANDER
 OTHER

SEX
 MALE
 FEMALE

BIRTH DATE
 BIRTH PLACE

PARENT/GUARDIAN RELATIONSHIP
 PARENT/GUARDIAN RELATIONSHIP

For appointment reminders only, use phone number _____ and E-mail _____
 For texting a message, use phone number _____

PARENT/GUARDIAN INFORMATION

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

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

INSURANCE INFORMATION

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

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

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

LEGAL GUARDIAN SIGNATURE

SIGNATURE DATE
 SIGNATURE DATE

UPDATES

MC 17305B-01-16 CHILD REGISTRATION