

McLaren Print System Order

Order No: 52664 Reprint Previous Order No: 5607  
Order Date: 2020-02-17  
User: Andrea Condit  
Phone: 810-678-4000

Ship Location: McLaren Metamora CMC  
809 W. Dryden Rd  
Metamora, MI 48455

Forms

Quantity: 100  
Paragon Dept No: 65150  
Dept Name: McLaren Metamora CMC  
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**

|                 |      |              |          |                 |                |              |                  |                    |
|-----------------|------|--------------|----------|-----------------|----------------|--------------|------------------|--------------------|
| PREVIOUS NAME   | LAST | FIRST        | MIDDLE   | DATE OF BIRTH   | SEX            | RELIGION     | ETHNICITY        | RACE               |
| ADDRESS         | CITY | STATE        | ZIP CODE | TELEPHONE       | WORK TELEPHONE | EMPLOYER     | EMPLOYER ADDRESS | EMPLOYER TELEPHONE |
| PARENT GUARDIAN |      | RELATIONSHIP |          | PARENT GUARDIAN |                | RELATIONSHIP |                  | DATE               |

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 | WORK TELEPHONE | EMPLOYER | EMPLOYER ADDRESS | EMPLOYER TELEPHONE | HOW LONG EMPLOYED |
| NAME | ADDRESS | CITY | STATE | ZIP | TELEPHONE | WORK TELEPHONE | EMPLOYER | EMPLOYER ADDRESS | EMPLOYER TELEPHONE | HOW LONG EMPLOYED |

**INSURANCE INFORMATION**

|                     |          |         |                     |            |      |
|---------------------|----------|---------|---------------------|------------|------|
| PRIMARY INSURANCE   | POLICY # | GROUP # | EMPLOYER ENROLLMENT | GROUP NAME | DATE |
| SECONDARY INSURANCE | POLICY # | GROUP # | EMPLOYER ENROLLMENT | GROUP NAME | DATE |

**NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS**

|      |              |         |      |       |          |                |                |                   |              |           |      |
|------|--------------|---------|------|-------|----------|----------------|----------------|-------------------|--------------|-----------|------|
| NAME | RELATIONSHIP | ADDRESS | CITY | STATE | ZIP CODE | HOME TELEPHONE | WORK TELEPHONE | EMERGENCY CONTACT | RELATIONSHIP | TELEPHONE | DATE |
|------|--------------|---------|------|-------|----------|----------------|----------------|-------------------|--------------|-----------|------|

**UPDATES**

|      |           |      |           |
|------|-----------|------|-----------|
| DATE | SIGNATURE | DATE | SIGNATURE |
|------|-----------|------|-----------|

MC 17305B-01-16 CHILD REGISTRATION