

McLaren Print System Order

Order No: 54579 Reprint Previous Order No: 5523
 Order Date: 2020-06-03
 User: Laurie Ferris
 Phone: 9896725071

Ship Location: McLaren Bay Region - Reese Family Medicine
 12675 E. Washington Rd.
 Reese, MI 48757

Forms

Quantity: 100
 Paragon Dept No: 56048
 Dept Name: McLaren Bay Region-Reese Family Medicine
 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> </tr> <tr> <td>1</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	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>OTHER</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	HOME	WORK	CELL	OTHER	1				
	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION																													
	1																																					
	ADDRESS	CITY	STATE	ZIP CODE																																		
PHONE	HOME	WORK	CELL	OTHER																																		
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					<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>PRESENT CARE PROVIDER</th> <th>REFERRED OR RECOMMENDED BY</th> </tr> <tr> <td></td> <td></td> </tr> </table>	PRESENT CARE PROVIDER	REFERRED OR RECOMMENDED BY																		
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 & message, 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						<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>OTHER</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	HOME	WORK	CELL	OTHER	1											
	NAME	LAST	FIRST	MIDDLE	RELATIONSHIP																																	
ADDRESS	CITY	STATE	ZIP CODE																																			
PHONE	HOME	WORK	CELL	OTHER																																		
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					<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																									
EMPLOYER	OCCUPATION	HOW LONG EMPLOYED	EMPLOYER TELEPHONE																																			
EMPLOYER 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>SELECT #</td> <td>GROUP #</td> <td>EMPLOYEE ORGANIZATION</td> </tr> <tr> <td></td> <td></td> <td>GROUP NAME</td> </tr> </table>	PRIMARY INSURANCE	SUBSCRIBER	START DATE	SELECT #	GROUP #	EMPLOYEE ORGANIZATION			GROUP NAME	<table border="1"> <tr> <th>SECONDARY INSURANCE</th> <th>SUBSCRIBER</th> <th>START DATE</th> </tr> <tr> <td>SELECT #</td> <td>GROUP #</td> <td>EMPLOYEE ORGANIZATION</td> </tr> <tr> <td></td> <td></td> <td>GROUP NAME</td> </tr> </table>	SECONDARY INSURANCE	SUBSCRIBER	START DATE	SELECT #	GROUP #	EMPLOYEE ORGANIZATION			GROUP NAME																		
	PRIMARY INSURANCE	SUBSCRIBER	START DATE																																			
SELECT #	GROUP #	EMPLOYEE ORGANIZATION																																				
		GROUP NAME																																				
SECONDARY INSURANCE	SUBSCRIBER	START DATE																																				
SELECT #	GROUP #	EMPLOYEE ORGANIZATION																																				
		GROUP NAME																																				
OTHER INFORMATION	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS																																					
	<table border="1"> <tr> <th>NAME</th> <th>RELATIONSHIP</th> </tr> <tr> <td></td> <td></td> </tr> </table>	NAME	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					<table border="1"> <tr> <th>HOME TELEPHONE</th> <th>HOME TELEPHONE</th> </tr> <tr> <td>1</td> <td>1</td> </tr> </table>	HOME TELEPHONE	HOME TELEPHONE	1	1																			
NAME	RELATIONSHIP																																					
ADDRESS	CITY	STATE	ZIP CODE																																			
HOME TELEPHONE	HOME TELEPHONE																																					
1	1																																					
UPDATES	<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				<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																												
	EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE																																			
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																																			