

**McLaren Print System Order**

Order No: 56765 Reprint Previous Order No: 5523  
 Order Date: 2020-09-11  
 User: Theda Simmonds  
 Phone: 989-393-2857

Ship Location: McLaren Occupational and Convenient Care - Caro Quick Care  
 345 N State St  
 Caro, MI 48723,

**Forms**

Quantity: 1000  
 Paragon Dept No: 69100  
 Dept Name: Occupational 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<br>ADULT REGISTRATION   |   | Language Preference: English<br>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> <th>LANGUAGE</th> </tr> <tr> <td>1</td> <td></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            | LANGUAGE   | 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 |  |  |  |  |
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| 1   |   |  |                            |                          |              |   |   |              |  |                     |  |          |            |                   |                    |  |  |  |   |                   |   |           |         |      |       |          |  |  |  |  |  |       |      |      |      |       |   |  |  |  |  |
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| EMERGENCY CONTACT   | RELATIONSHIP  | TELEPHONE                                      |                            |                          |              |   |   |              |  |                     |  |          |            |                   |                    |  |  |  |   |                   |   |           |         |      |       |          |  |  |  |  |  |       |      |      |      |       |   |  |  |  |  |
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| OTHER INFORMATION   | <p>NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS</p> <table border="1"> <tr> <th>NAME</th> <th>RELATIONSHIP</th> </tr> <tr> <td></td> <td></td> </tr> </table>  |  |                            | NAME                     | RELATIONSHIP |   |   |              |  |                     |  |          |            |                   |                    |  |  |  |   |                   |   |           |         |      |       |          |  |  |  |  |  |       |      |      |      |       |   |  |  |  |  |
|   | NAME  | RELATIONSHIP                                   |                            |                          |              |   |   |              |  |                     |  |          |            |                   |                    |  |  |  |   |                   |   |           |         |      |       |          |  |  |  |  |  |       |      |      |      |       |   |  |  |  |  |
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| UPDATES   | <table border="1"> <tr> <th>IDENTIFICATION SIGNATURE</th> <th>DATE</th> </tr> <tr> <td></td> <td></td> </tr> </table>   |  |                            | IDENTIFICATION SIGNATURE | DATE         |   |   |              |  |                     |  |          |            |                   |                    |  |  |  |   |                   |   |           |         |      |       |          |  |  |  |  |  |       |      |      |      |       |   |  |  |  |  |
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