

**McLaren Print System Order**

Order No: 57065 Reprint Previous Order No: 5607  
 Order Date: 2020-09-24  
 User: STEPHANIE BENDER  
 Phone: 231-487-7441

Ship Location: McLaren Gaylord Family Practice  
 1320 M-32 East  
 Gaylord , MI 49735

**Forms**

Quantity: 500  
 Paragon Dept No: 57506  
 Dept Name: McLaren Gaylord Family Practice  
 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**

PARENT NAME LAST FIRST MIDDLE LAST (optional) LANGUAGE OTHER SPECIFY SEX  
 ADDRESS CITY STATE ZIP CODE  
 TELEPHONE HOME FAX  
 PATIENT CARE PROVIDER RELATIONSHIP OR OCCUPATION OF PARENT

PARENT GUARDIAN RELATIONSHIP PARENT GUARDIAN RELATIONSHIP

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 HOME FAX  
 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

**UPDATES**

PHYSICIAN SIGNATURE DATE  
 DATE SIGNATURE DATE SIGNATURE

MC 17305B-01-16 CHILD REGISTRATION