

McLaren Print System Order

Order No: 58704 Reprint Previous Order No: 5523
 Order Date: 2020-11-30
 User: Doris Adair
 Phone: 810-455-0284

Ship Location: McLaren-Port Huron Urology Associates; Attn: Doris
 1037 Water, Street, Suite 1
 Port Huron, MI 48060

Forms

Quantity: 1000
 Paragon Dept No: 17805
 Dept Name: MMG Port Huron
 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>MM/DD/YY</td> <td></td> <td></td> <td></td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION	1				MM/DD/YY				<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> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>	PHONE	HOME	WORK	CELL	1			
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