

**McLaren Print System Order**

Order No: 60556 Reprint Previous Order No: 5523  
 Order Date: 2021-02-23  
 User: Judy Rife  
 Phone: 9892695152

Ship Location: 1040 S Van Dyke Rd  
 Bad Axe  
 MI, 48413

**Forms**

Quantity: 100  
 Paragon Dept No: 55276  
 Dept Name: Bad Axe Convenient Care Clinic  
 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	PREFIX NAME: _____ CLASS: _____ PHON: _____ SEX: _____ A F M U Other	ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	TELEPHONE: _____ HOME TELEPHONE: _____ EMPLOYER TELEPHONE: _____
	BIRTH DATE: _____ (MM/DD/YYYY)	OCCUPATION: _____ HOW LONG EMPLOYED: _____	EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
	PRESENT CARE PHYSICIAN: _____	REFERRED OR RECOMMENDED BY: _____	For appointment reminders only, use phone number _____ and E-mail _____
	For texting & message, use phone number _____		
SPOUSE / LEGAL GUARDIAN INFORMATION	NAME: _____ CLASS: _____ PHON: _____ SEX: _____ A F M U Other	RELATIONSHIP: _____	BIRTH DATE: _____ (MM/DD/YYYY)
	ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	OCCUPATION: _____ HOW LONG EMPLOYED: _____	EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
INSURANCE INFORMATION	PRIMARY INSURANCE: _____ SUBSCRIBER: _____ BIRTH DATE: _____ POLICY # _____ GROUP # _____ EMPLOYEE CATEGORIES _____ GROUP NAME _____		
	SECONDARY INSURANCE: _____ SUBSCRIBER: _____ BIRTH DATE: _____ POLICY # _____ GROUP # _____ EMPLOYEE CATEGORIES _____ GROUP NAME _____		
OTHER INFORMATION	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS		
	NAME: _____ RELATIONSHIP: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ HOME TELEPHONE: _____ HOME TELEPHONE: _____ EMERGENCY CONTACT: _____ RELATIONSHIP: _____ TELEPHONE: _____		
UPDATES	REFERENTIAL GUARDIAN SIGNATURE: _____ DATE: _____		
	DATE: _____ SIGNATURE: _____ DATE: _____ SIGNATURE: _____		