

McLaren Print System Order

Order No: 61873 Reprint Previous Order No: 5523
 Order Date: 2021-04-22
 User: Kristal Johnson
 Phone: 810-487-3601

Ship Location: McLaren Flint Twp. CMC
 1314 S Linden Rd, Suite A
 Flint, MI 48532

Forms

Quantity: 1000
 Paragon Dept No: 63550
 Dept Name: McLaren Flint Twp. CMC
 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>PERSON NAME</th> <th>LAST</th> <th>FIRST</th> <th>MIDDLE</th> <th>IF PAID (IF PAID)</th> <th>STATUS (IF PAID)</th> <th>IF WOMAN (IF PAID)</th> <th>IF OTHER (IF PAID)</th> <th>IF OTHER (IF PAID)</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PERSON NAME	LAST	FIRST	MIDDLE	IF PAID (IF PAID)	STATUS (IF PAID)	IF WOMAN (IF PAID)	IF OTHER (IF PAID)	IF OTHER (IF PAID)	1								<table border="1"> <tr> <th>ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>			ADDRESS	CITY	STATE	ZIP CODE	1			
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