

## McLaren Print System Order

Order No: 62263 Reprint Previous Order No: 12740  
 Order Date: 2021-05-06  
 User: Rachel Tokarski  
 Phone: 586-790-9003

Ship Location: **Gratiot Medical Building**  
 36500 Gratiot Suite 102  
 Clinton Township, Mi 48035

### Forms

Quantity: 500  
 Paragon Dept No: 29070  
 Dept Name: Multispecialty  
 Company Number: 260

Order Total Price: 24.90

Item Number: MM-17305A Macomb  
 Item Description: Adult Registration  
 Revision Date: 9/2013  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: 2 Hole Top  
 Misc Info: 2 sided; do not tumble

MCLAREN MACOMB ADULT REGISTRATION		Language Preference: <input checked="" type="radio"/> English <input type="radio"/> Other specify _____	
PATIENT INFORMATION	PATIENT NAME: Last First Middle Initial ADDRESS: CITY STATE ZIP CODE BIRTH DATE TELEPHONE: HOME CELL PHONE EMPLOYER: OCCUPATION NEW LONG EMPLOYER EMPLOYER TELEPHONE EMPLOYER ADDRESS: CITY STATE ZIP CODE	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Specify: _____ ETHNICITY: <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other Specify: _____	
	PRESENT LAWYER PROVIDED: YES/NO REFERRED OR RECOMMENDED BY: NAME Last First Middle Initial RELATIONSHIP TELEPHONE: HOME CELL PHONE BIRTH DATE ADDRESS: CITY STATE ZIP CODE EMPLOYER: OCCUPATION NEW LONG EMPLOYER EMPLOYER TELEPHONE EMPLOYER ADDRESS: CITY STATE ZIP CODE	PRESENT INSURANCE: SUBSCRIBER BIRTH DATE ADDRESS: CITY STATE ZIP CODE POLICY # GROUP # EMPLOYEE ORGANIZATION GROUP NAME INSURANCE COMPANY TELEPHONE INSURER IDENTIFICATION TELEPHONE	
	SECONDARY INSURANCE: SUBSCRIBER BIRTH DATE ADDRESS: CITY STATE ZIP CODE POLICY # GROUP # EMPLOYEE ORGANIZATION GROUP NAME INSURANCE COMPANY TELEPHONE INSURER IDENTIFICATION TELEPHONE	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS: NAME RELATIONSHIP ADDRESS: CITY STATE ZIP CODE HOME TELEPHONE: HOME TELEPHONE EMERGENCY CONTACT: RELATIONSHIP TELEPHONE	
	NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS: NAME RELATIONSHIP ADDRESS: CITY STATE ZIP CODE HOME TELEPHONE: HOME TELEPHONE EMERGENCY CONTACT: RELATIONSHIP TELEPHONE	ADULT REGISTRATION SIGNATURE: DATE DATE SIGNATURE DATE SIGNATURE	