

## McLaren Print System Order

Order No: 63185 Reprint Previous Order No: 5523  
 Order Date: 2021-06-23  
 User: Stephanie Kennedy  
 Phone: 810-487-3500

Ship Location: McLaren Flushing CMC  
 2438 n. Elms rd  
 Flushing, MI 48433,

### Forms

Quantity: 100  
 Paragon Dept No: 63550  
 Dept Name: 63550  
 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> <th>LANGUAGE</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME	LAST	FIRST	MIDDLE	INITIAL	DOB	SEX	ETHNICITY	RELIGION	LANGUAGE	1									<table border="1"> <tr> <td><input type="checkbox"/> Male</td> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Hispanic</td> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Other</td> </tr> </table>									<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other
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