

## McLaren Print System Order

Order No: 63201 Reprint Previous Order No: 5523  
 Order Date: 2021-06-24  
 User: Victoria Tijerina  
 Phone: 5173031371

Ship Location: Grand Ledge Health Center  
 1035 Charlevoix Dr Ste 200  
 Grand Ledge , MI 48837

### Forms

Quantity: 1000  
 Paragon Dept No: 51015  
 Dept Name: McLaren Grand Ledge  
 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> <td>PERSON NAME</td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>INITIAL</td> <td>STREET</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="2">ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="4">                 EMPLOYER  <input type="checkbox"/> EMPLOYER  <input type="checkbox"/> SELF-EMPLOYED  <input type="checkbox"/> UNEMPLOYED  <input type="checkbox"/> RETIRED  <input type="checkbox"/> STUDENT  <input type="checkbox"/> OTHER             </td> </tr> <tr> <td>TELEPHONE</td> <td>HOME</td> <td>WORK</td> <td>CELL</td> <td colspan="5">BIRTH DATE</td> </tr> <tr> <td>CELL PHONE</td> <td colspan="8">E-MAIL ADDRESS</td> </tr> </table>	PERSON NAME	LAST	FIRST	MIDDLE	INITIAL	STREET	CITY	STATE	ZIP CODE	ADDRESS		CITY	STATE	ZIP CODE	EMPLOYER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER				TELEPHONE	HOME	WORK	CELL	BIRTH DATE					CELL PHONE	E-MAIL ADDRESS								EMPLOYER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER							
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For appointment reminders only, use phone number _____ and E-mail _____ For billing & message, use phone number _____																																													
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