

McLaren Print System Order

Order No: 63756 Reprint Previous Order No: 52820
Order Date: 2021-07-21
User: Meggan Overstreet
Phone: 810-342-2214

Ship Location: McLaren Flint 1 Central Patient Service Center/Meggan Overstreet
401 S Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 2500
Paragon Dept No: 90200
Dept Name: Patient Access
Company Number: 60

Order Total Price: 350.50

Item Number: M-10377
Item Description: Patient Access Patient Information Sheet
Revision Date: 11/2020
Print: 1 sided full color
Paper: 60# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; color; no bleed; 60# offset

McLaren
FLINT PATIENT ACCESS (810) 342-2936

PATIENT INFORMATION (Please Print) Date:

PERSONAL INFORMATION: NAME, ADDRESS, CITY AND STATE, ZIP CODE, PHONE NUMBER, FAX NUMBER, E-MAIL ADDRESS, SOCIAL SECURITY NUMBER, DATE OF BIRTH, SEX, RACE, ETHNICITY, MARITAL STATUS, RELIGION, HISPANIC OR LATINO, ALLERGY INFORMATION, MEDICAL HISTORY, CURRENT MEDICATIONS, SURGICAL HISTORY, TRANSFUSION REACTIONS, ORGAN DONOR STATUS, ORGAN RECIPIENT STATUS, ORGAN DONOR STATUS, ORGAN RECIPIENT STATUS, ORGAN DONOR STATUS, ORGAN RECIPIENT STATUS.

INJURY INFORMATION

DATE OF INJURY, TYPE OF INJURY, LOCATION OF INJURY, PART OF BODY AFFECTED, HOW INJURY OCCURRED, WERE YOU AT WORK AT THE TIME OF THE INJURY, WERE YOU AT WORK AT THE TIME OF THE INJURY, WERE YOU AT WORK AT THE TIME OF THE INJURY, WERE YOU AT WORK AT THE TIME OF THE INJURY.

INSURANCE INFORMATION

PREVIOUS EMPLOYER'S INSURANCE: POLICY NUMBER, GROUP NUMBER, RELATIONSHIP TO POLICYHOLDER, SOCIAL SECURITY NUMBER, POLICYHOLDER'S SIGNATURE.

SECURITY INFORMATION: POLICY NUMBER, GROUP NUMBER, RELATIONSHIP TO POLICYHOLDER, SOCIAL SECURITY NUMBER, POLICYHOLDER'S SIGNATURE.