

## McLaren Print System Order

Order No: 8014  
 Order Date: 2015-01-07  
 User: Dolores Guy  
 Phone: Dodge Park

Ship Location: Dolores Guy  
 35111 Dodge Park  
 Sterling Heights, MI 48312

Forms  
 Quantity: 100  
 Paragon Dept No: 72500  
 Dept Name: McLaren Pediatrics  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-17305B  
 Item Description: Child / Adolescent Registration  
 Revision Date: 5/2013  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

McLAREN MEDICAL GROUP Language Preference:  English  
 Other specify

CHILD/ADOLESCENT REGISTRATION

PATIENT INFORMATION

NAME: LAST FIRST MIDDLE INITIAL

DOB: MM/DD/YYYY

SEX:  Male  Female

RACE:  White  African American  Hispanic/Latino  Asian  American Indian/Alaska Native  Other

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1: NAME, ADDRESS, CITY, STATE, ZIP, TELEPHONE, EMPLOYER, OCCUPATION

PARENT/GUARDIAN 2: NAME, ADDRESS, CITY, STATE, ZIP, TELEPHONE, EMPLOYER, OCCUPATION

INSURANCE INFORMATION

PRIMARY INSURANCE: POLICY #, GROUP #, EMPLOYER, EMPLOYEE TELEPHONE

SECONDARY INSURANCE: POLICY #, GROUP #, EMPLOYER, EMPLOYEE TELEPHONE

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

NAME, ADDRESS, CITY, STATE, ZIP, TELEPHONE

EMERGENCY CONTACT: NAME, RELATIONSHIP, TELEPHONE

UPDATES: SIGNATURE, DATE

CHILD REGISTRATION