

## McLaren Print System Order

Order No: 9925 Reprint Previous Order No: 5607  
 Order Date: 2015-03-19  
 User: Billie Peters  
 Phone: 810-667-7025

Ship Location: McLaren Occupational and Convenient Care  
 1254 N Main St  
 Lapeer MI 48446,

### Forms

Quantity: 100  
 Paragon Dept No: 65100  
 Dept Name: Lapeer Occupational  
 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  
 ADDRESS: CITY STATE ZIP CODE  
 TELEPHONE: EMPLOYER TELEPHONE  
 EMPLOYER ADDRESS: EMPLOYER TELEPHONE  
 EMPLOYER TELEPHONE: NON-EMPLOYED

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1: NAME, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE, EMPLOYER TELEPHONE, EMPLOYER ADDRESS, EMPLOYER TELEPHONE, NON-EMPLOYED

PARENT/GUARDIAN 2: NAME, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE, EMPLOYER TELEPHONE, EMPLOYER ADDRESS, EMPLOYER TELEPHONE, NON-EMPLOYED

INSURANCE INFORMATION

PRIMARY INSURANCE: POLICY #, GROUP #, EMPLOYER/ORGANIZATION, GROUP NAME, INSURANCE COMPANY TELEPHONE, INSURANCE TELEPHONE

SECONDARY INSURANCE: POLICY #, GROUP #, EMPLOYER/ORGANIZATION, GROUP NAME, INSURANCE COMPANY TELEPHONE, INSURANCE TELEPHONE

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS: NAME, ADDRESS, CITY, STATE, ZIP CODE, HOME TELEPHONE, HOME TELEPHONE, EMERGENCY CONTACT, RELATIONSHIP, TELEPHONE

UPDATES: PARENT/GUARDIAN SIGNATURE, DATE, SIGNATURE, DATE

CHILD REGISTRATION