

McLaren Print System Order

Order No: 42630
Order Date: 2019-02-06
User: Lynette Lind
Phone: 9893932775

Ship Location: MCLAREN UPTOWN BUILDING MCLAREN ORTHOPEDIC SURGERY ATTN LYN
4 COLUMBUS AVE SUITE 160 ATT LYN
BAY CITY MICHIGAN 48708,

Forms

Quantity: 20
Paragon Dept No: 69150
Dept Name: MCLAREN BAY ORTHOPEDIC
Company Number: 210

Order Total Price: 79.00

Item Number: RXB-29
Item Description: Robert Render, D.O. & Stephanie Wilson, PA-C (2 Part; 50 scripts per pad)
Revision Date: 11/2016
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: Minimum order is 4 pads per physician; maximum order is 20 pads per physi-
an. Quantity must be ordered in increments of 4.

 McLaren BAY REGION ORTHOPEDIC SURGERY 4 Columbus Ave • Suite 160 • Bay City, MI 48708 Phone (989) 393-2777 • FAX (989) 394-6193 Robert Render, D.O. DEJA F10206841 MPH: 1962629673 Stephanie Wilson, PA-C DEJA W90266707 MPH: 1962627662	 McLaren BAY REGION ORTHOPEDIC SURGERY 4 Columbus Ave • Suite 160 • Bay City, MI 48708 Phone (989) 393-2777 • FAX (989) 394-6193 Robert Render, D.O. DEJA F10206841 MPH: 1962629673 Stephanie Wilson, PA-C DEJA W90266707 MPH: 1962627662
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Name _____ Date ____/____/____

Address _____

(Phone Print)

Label
80% _____ TAMEL RWB MB

Number based on generally accepted practice standards in Michigan. Not an
admission to practice. Michigan, Pa. is a regulated state. See www.michigan.gov
for more info.

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Spec Info: