

McLaren Print System Order

Order No: 43526
Order Date: 2019-03-12
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: 75.80

Item Number: RXB-36
Item Description: Brett Walker, DO & Jamie Mulkey, NP (2 Part; 50 scripts per pad)
Revision Date: 4/2018
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) 894-6181
Brett Walker, D.O., DEAN #W0427944 NP# 1477433338
Jamie Mulkey, NP, DEAN#W0324633 NP#128939888

Name _____ Date ____/____/____
Address _____
 (Please Print)

Label
NPI _____ TIME PER MI

Autofill based on previously submitted orders. Modified to change, Add and delete in order. (Optional: Use to duplicate information to a different ID)

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Spec Info: