

McLaren Print System Order

Order No: 43688
Order Date: 2019-03-19
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: 3/2019
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.

BAY REGION
ORTHOPEDIC & SPINE SURGERY
4 Columbus Ave • Suite 160 • Bay City, MI 48708
Phone (989)393-2777 • FAX (989) 394-4191
Robert Render, D.O. (30467100004) MPH (989)3937
Stephanie Wilson, PA-C (30467100007) MPH (989)393750
Shawn Esenguber, PA-C (30467100008) MPH (989)393754

Name: _____ Date: ____/____/____

Address: _____

(Please Print)

Label
MPN: _____ TIMES: PHL: MI: _____

Product shown is generally represented unless indicated to change. Not all
options or product features may be available in all markets. For more information, visit
www.mclaren.com

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