

McLaren Print System Order

Order No: 48374
Order Date: 2019-09-03
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: 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) 393-4181 Brett Walker, D.O., DEKA F1602704 MPH 16704028 Jamie Mulkey, NP, DEKAM1602402 MPH16024028	 BAY REGION ORTHOPEDIC & SPINE SURGERY 4 Columbus Ave • Suite 160 • Bay City, MI 48708 Phone (989) 393-2777 • Fax (989) 393-4181 Brett Walker, D.O., DEKA F1602704 MPH 16704028 Jamie Mulkey, NP, DEKAM1602402 MPH16024028
Name _____ Date ____/____/____	Name _____ Date ____/____/____
Address _____	Address _____
(Please Print)	(Please Print)
<input type="checkbox"/> Label	<input type="checkbox"/> Label
MPH ____ TMS ____ PMS ____	MPH ____ TMS ____ PMS ____
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Spec Info: