

**McLaren Print System Order**

**Order No: 50**  
**Order Date: 2012-01-13**  
**User: Tara Parkinson**

**Ship Location: User defined**

**Business Card - Name: Physical Therapy,**  
**Quantity: 500**  
**Paragon Dept No: 38114**  
**Dept Name: McLaren Physical Therapy Clarkston**  
**Floor/Location: McLaren Healthcare Village 3rd floor Suite 310**



**Physical Therapy,**  
Sports Medicine and Fitness Center

tel (248)922-6820  
fax (248)922-6821

5701 Bow Pointe Dr, Suite 310  
Clarkston, Michigan  
48346

mclaren.org

**YOUR NEXT APPOINTMENT IS ON:**

MON  TUE  WED  THUR  FRI  
 SAT  SUN

**date** \_\_\_\_\_

**at** \_\_\_\_\_ am pm

If you are unable to keep your appointment,  
please give 24 hours notice.