

McLaren Print System Order

Order No: 56341
Order Date: 2020-08-26
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 Shaun & Eisengruber,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 physici
an. Quantity must be ordered in increments of 4.

McLaren 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 NPI# 16002967)
Stephanie Wilson, PA-C (3046710000170 NPI# 160027160)
Shaun Eisengruber,PA-C (3046710000004 NPI# 108432764)
Name: _____ Date: ____/____/____
Address: _____
(Please Print)
Label
NPI# _____ TIME# _____ PHL# _____
Small text: Authorize release of personally identifiable information... (checkbox)

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Spec Info: