

McLaren Print System Order

Order No: 61057 Reprint Previous Order No: 18277
Order Date: 2021-03-17
User: Kimberly Gunsell
Phone: 989-316-4272

Ship Location: McLaren Bay Family Medicine
3720 Katalin Ct Suite 201
Bay City, MI 48706

Forms

Quantity: 100
Paragon Dept No: 69000
Dept Name:
Company Number: 810

Order Total Price: 0.00

Item Number: FAX-169
Item Description: McLaren Bay Region Family Medicine
Revision Date: 4/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:



MCLAREN BAY REGION FAMILY MEDICINE
3720 Katalin Court, Suite 201 - Bay City, MI 48706

Fax Cover Sheet

Date: _____ Time: _____

To: _____

From: _____ Department: **McLaren Bay Region Family Medicine**

Telephone: **(989) 893-9705** Fax: **(989) 893-8206**

NUMBER OF PAGES: _____ (including cover sheet)

REMARKS: _____

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If this facsimile has reached you in error, please contact the above person immediately. Your assistance is appreciated. Thank you.

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