

**McLaren Print System Order**

**Order No: 62025**  
**Order Date: 2021-04-28**  
**User: Shownn Blackmer**  
**Phone: Medical Education Building**

**Ship Location: McLaren Family Medicine**  
**G-3230 Beecher Rd, Suite 1**  
**Flint, Michigan 48532**

**Business Card - Name: DR. \_\_\_\_\_**

**Quantity: 1000**  
**Paragon Dept No: 60080**  
**Dept Name: McLaren FamilyMedicine Residency Center**  
**Company Number: 60**

**Order Total Price: 52.50**

|  |  |
|--|--|
| <br>FAMILY MEDICINE | DR. _____  |
| tel 810-342-5656<br>fax 810-342-5600   |  |
| mclaren.org  | G-3230 Beecher Rd. Suite 1<br>Flint, Michigan<br>48532 |

|  |  |
|--|--|
| YOUR NEXT APPOINTMENT IS ON:   |  |
| <input type="checkbox"/> MON   | <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI |
|  | <input type="checkbox"/> SAT <input type="checkbox"/> SUN  |
| date _____   |  |
| at _____   | am pm  |
| If you are unable to keep your appointment, please give 24 hours notice. |  |

**Spec Info:**