

McLaren Print System Order

Order No: 6516
Order Date: 2014-10-16
User: Angela DeLaRosa
Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705

Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
3720 Katalin Ct
Bay City, MI 48706

Forms

Quantity: 100
Paragon Dept No: 69000
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 2.98

Item Number: M-34382
Item Description: Appointment Slip
Revision Date:
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill:
Misc Info:

Mr. / Mrs. _____
This An Appointment With
Dr. _____
Address: _____
Phone #: _____
On _____ at _____ a.m. / p.m.

*If you need to change the appointment or are unable to keep this appointment,
please call the Doctor's office and reschedule.*

NOTICE TO ALL MANAGED-CARE PATIENTS:
Your referral for specialty care will be reviewed by a clinical review specialist. At this time your referral will be
approved or denied. If your referral has not been approved you will be notified.
www.mcm

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