

McLaren Print System Order

Order No: 7183
Order Date: 2014-11-18
User: lynn thomas
Phone: 810-487-3500

Ship Location: Flushing Community Medical Center
2487 N Elms Rd
Flushing, MI 48433

Forms

Quantity: 100
Paragon Dept No: 63600
Dept Name: Flushing
Company Number: 810

Order Total Price: 16.70

Item Number: MM-72
Item Description: Dear Patient, Our office had a patient appointment w/Fee Letter
Revision Date: 11/2014
Print: 1 sided full color
Paper: 70# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill:
Misc Info:



FLUSHING COMMUNITY
MEDICAL CENTER

2487 North Elm Road
Flushing, Michigan
48433
Tel: (810) 487-3500
Fax: (810) 487-3535
mclaren.org

Date: ____ / ____ / ____

Dear _____:

Our office had a patient appointment reserved for you today with

Dr. _____ on _____ at _____ am/pm.

We were concerned when you did not show or call.

Our records office indicate that this is your second missed appointment and, as outlined in our previous letter to you, a _____ fee was charged to your account. This fee is payable prior to your next appointment.

If you have any questions, or would like to speak with a manager, please do not hesitate to contact our office at (810) 487-3500.

Sincerely,
McLaren Flushing