

## McLaren Print System Order

Order No: 7278  
Order Date: 2014-11-21  
User: Julie Kukla  
Phone: 43827

Ship Location: McLaren Bay Region; Marketing Department  
503 Mulholland  
Bay City, Mi 48708

Forms  
Quantity: 200  
Paragon Dept No: 60690  
Dept Name: McLaren Bay Region -Marketing & Public Relations  
Company Number: 210

Order Total Price: 582.50

Item Number: RXB-9  
Item Description: Woodland Healthcare: Beasley, Williams, MacAuley, Moeggenborg, Brindley, Hodgins, Somerfield (1 Part; 100 scripts  
Revision Date: 11/2014  
Print:  
Paper:  
Size:  
Fold:  
Finish:  
Drill:  
Misc Info: Minimum order is 4 pads per physician; maximum order is 20 pads per physician. Quantity must be ordered in increments of

|   |  |   |  |
|---|--|---|--|
| <br>BAY REGION<br>WOODLAND HEALTHCARE<br>Michael Beasley, MD, MD, Boardman<br>Hart Williams, MD, Boardman<br>John MacAuley, PA-C, Boardman<br>Jenny Moeggenborg, PA-C, Boardman<br>Susan Brindley, PA-C, Boardman<br>Kurt Hodgins, PA-C, Boardman<br>Karin Somerfield, PA-C, Boardman | Evergreen Clinic<br>671 Court Street<br>West Branch, MI 49891<br>Phone 800.243.7329<br>Fax 800.243.7329<br>Court Street Clinic<br>671 Court Street, Suite 102<br>West Branch, MI 49891<br>Phone 800.243.7329<br>Fax 800.243.7329 | <br>BAY REGION<br>WOODLAND HEALTHCARE<br>Michael Beasley, MD, MD, Boardman<br>Hart Williams, MD, Boardman<br>John MacAuley, PA-C, Boardman<br>Jenny Moeggenborg, PA-C, Boardman<br>Susan Brindley, PA-C, Boardman<br>Kurt Hodgins, PA-C, Boardman<br>Karin Somerfield, PA-C, Boardman | Evergreen Clinic<br>671 Court Street<br>West Branch, MI 49891<br>Phone 800.243.7329<br>Fax 800.243.7329<br>Court Street Clinic<br>671 Court Street, Suite 102<br>West Branch, MI 49891<br>Phone 800.243.7329<br>Fax 800.243.7329 |
| Name: _____ Date: ____/____/____  | Name: _____ Date: ____/____/____   | Name: _____ Date: ____/____/____  | Name: _____ Date: ____/____/____   |
| Address: _____ DOB: ____/____/____  | Address: _____ DOB: ____/____/____   | Address: _____ DOB: ____/____/____  | Address: _____ DOB: ____/____/____   |
| <input type="checkbox"/> Label<br>INFO: _____ TIME: _____ MIN: _____  | <input type="checkbox"/> Label<br>INFO: _____ TIME: _____ MIN: _____   | <input type="checkbox"/> Label<br>INFO: _____ TIME: _____ MIN: _____  | <input type="checkbox"/> Label<br>INFO: _____ TIME: _____ MIN: _____   |
| <small>Make a check or credit card payment online. We'll bill you and you'll be billed online. Sign up for digital alerts for a 10% discount!</small>   | <small>Make a check or credit card payment online. We'll bill you and you'll be billed online. Sign up for digital alerts for a 10% discount!</small>  | <small>Make a check or credit card payment online. We'll bill you and you'll be billed online. Sign up for digital alerts for a 10% discount!</small>   | <small>Make a check or credit card payment online. We'll bill you and you'll be billed online. Sign up for digital alerts for a 10% discount!</small>  |
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