

McLaren Print System Order

Order No: 19896
Order Date: 2016-06-17
User: Angie Yaworski
Phone: 9896673420

Ship Location: Westside Medical Mall Attn; Angie Claerhout
4175 Euclid Ave Suite 9
Bay City, MI 48706

Forms

Quantity: 16
Paragon Dept No: 69600
Dept Name: McLaren Bay Neurosurgery
Company Number: 810

Order Total Price: 60.64

Item Number: RXB-7
Item Description: Manjila, Damron & Masud (2 Part; 50 scripts per pad)
Revision Date: 6/2016
Print:
Paper:
Size:
Fold:
Finish:
Drill:
**Misc Info: Minimum order is 4 pads per physician; maximum order is 20 pads per physi-
an. Quantity must be ordered in increments of 4.**

 McLaren BAY NEUROSURGERY ASSOCIATES 4175 Euclid Avenue - Suite 9 - Bay City, MI 48706 Phone: 989-667-3420 - Fax: 989-667-3420 Sunil Manjila, MD DEAF P#0027986 Deryl G. Damron, PA-C DEAF #0008829 Cheryl Masud, PA-C DEAF #0008276	 McLaren BAY NEUROSURGERY ASSOCIATES 4175 Euclid Avenue - Suite 9 - Bay City, MI 48706 Phone: 989-667-3420 - Fax: 989-667-3420 Sunil Manjila, MD DEAF P#0027986 Deryl G. Damron, PA-C DEAF #0008829 Cheryl Masud, PA-C DEAF #0008276
Name _____ Date ____/____/____	Name _____ Date ____/____/____
Address _____	Address _____
(Please Print)	(Please Print)
<input type="checkbox"/> Label	<input type="checkbox"/> Label
NTPL _____ TIMES PER MR	NTPL _____ TIMES PER MR
<small>Autofill based on previously submitted orders. Modified to change, Add and delete in order. Expiration: 90 days. Expiration: 90 days.</small>	<small>Autofill based on previously submitted orders. Modified to change, Add and delete in order. Expiration: 90 days. Expiration: 90 days.</small>

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Spec Info: