

**McLaren Print System Order**

**Order No: 41740 Reprint Previous Order No: 28226**  
**Order Date: 2019-01-08**  
**User: Angela DeLaRosa**  
**Phone: 9893164262**

**Ship Location: McLaren Bay Primary Care Attn Angela DeLaRosa**  
**4818 W Professional Dr**  
**Bay City, MI 48708**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 69130**  
**Dept Name: McLaren Medical Group**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: FAX 180**  
**Item Description: McLaren Bay Internal Medicine**  
**Revision Date: 6/2017**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold: None**  
**Finish: None**  
**Drill: None**  
**Misc Info:**



**McLAREN BAY INTERNAL MEDICINE**  
4818 W Professional Drive - Bay City, Michigan 48708

*Fax Cover Sheet*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_ Department: **McLaren Bay Internal Medicine**

Telephone: **(989) 686-8100** Fax: **(989) 686-8109**

NUMBER OF PAGES: \_\_\_\_\_ (including cover sheet)

REMARKS: \_\_\_\_\_

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If your clinic is capable of sending and receiving electronic referrals through your [MIR (Meaningful Use Requirement)] please contact us so we can exchange direct message ID's.

**If this facsimile has reached you in error, please contact the above person immediately. Your assistance is appreciated. Thank you.**

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