

McLaren Print System Order

Order No: 44715
Order Date: 2019-04-22
User: Pam Gross
Phone: 989-667-3410

Ship Location: West Side Medical Mall
4175 Euclid Ave Suite 9
Bay city, MI 48706

Forms
Quantity: 12
Paragon Dept No: 69580
Dept Name:
Company Number: 210

Order Total Price: 45.48

Item Number: RXB-31
Item Description: (Nasrallah, Baker (2 Part; 50 scripts per pad)
Revision Date: 10/1017
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.



SAY NEUROLOGY
4175 Euclid Avenue, Ste. 11 • Bay City, MI 48706
(989) 667-3410 • FAX (989) 667-3411
Khalid Nasrallah, M.D., DCAM 000000000
Janice Baker, NP, DCAM000000000

Name _____ Date ____/____/____

Address _____

(Please Print)

Label
8 1/2" _____ TIMES PER SHEET

Number of copies to be printed: _____
Number of copies to be printed: _____
Number of copies to be printed: _____
Number of copies to be printed: _____



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Spec Info: