

FILM BADGE ADDITIONS OR DELETIONS

Name: _____	<input type="checkbox"/>	Add
Birth Date: _____	<input type="checkbox"/>	Delete
SS#: _____	<input type="checkbox"/>	Name Change
Department: _____	<input type="checkbox"/>	Re-Issue
	<input type="checkbox"/>	Transfer
	<input type="checkbox"/>	Pregnancy _____ Date Declared

Please fill out and return to the office of Maureen Snyder in Nuclear Medicine Department at McLaren Flint. Allow 1 to 2 weeks for processing.

Thank you.

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