

McLaren Print System Order

Order No: 6122
Order Date: 2014-09-29
User: lynn thomas
Phone: 810-487-3500

Ship Location: Flushing Community Medical Center
2487 N Elms Rd
Flushing, MI 48433

Forms

Quantity: 500
Paragon Dept No: 63600
Dept Name: Flushing
Company Number: 810

Order Total Price: 10.38

Form Number: M-34382
Form Description: Appointment Slip
Revision Date: 8/1998
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill:

Mr. / Mrs. _____
This An Appointment With:
Dr. _____
Address: _____

Phone #: _____
On _____ at _____ a.m. / p.m.

*If you need to change the appointment or are unable to keep this appointment,
please call the Doctor's office and reschedule.*

NOTICE TO ALL MANAGED-CARE PATIENTS:
Your referral for specialty care will be reviewed by a clinical review specialist. At this time your referral will be approved or denied. If your referral has not been approved you will be notified.
www.mcm

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