

McLaren Print System Order

Order No: 7539
Order Date: 2014-12-09
User: Angela DeLaRosa
Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705

Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
3720 Katalin Ct, Suite 201
Bay City, MI 48706

Forms
Quantity: 500
Paragon Dept No: 69325
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 0.00

Item Number: FAX-161
Item Description: McLaren Bay Region (McLaren AuGres Family Medicine)
Revision Date: 12/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill:
Misc Info:



McLAREN AUGRES FAMILY MEDICINE
401 East Huron - AuGres, MI 48703-9353
Office of: Rebecca Britt-Dewey, DO

Fax Cover Sheet

Date _____ Time _____
To _____ Department: _____
From _____ Department: **McLaren AuGres Family Medicine**
Telephone: **(989) 532-4100** Fax: **(989) 532-4110**
NUMBER OF PAGES: _____ (including cover sheet)

REMARKS: _____

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

CONFIDENTIALITY NOTE
This information may have been disclosed to you from records whose confidentiality is protected by federal and state laws. Federal regulations including 42 CFR Parts 200 and 204 and state laws (Public Act 258, Chapter 7, Section 746) prohibit you from making any further disclosure of it without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose.
If the reader of this information is not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution, or reproduction of this information is strictly prohibited. If you have received this information in error, please immediately notify us by telephone and return the original to us at the address listed above via the United States Postal Service. Thank you.