

McLaren Print System Order

Order No: 9674  
Order Date: 2015-03-06  
User: Julie Kukla  
Phone: 43827

Ship Location: McLaren Bay Region; Marketing Department  
503 Mulholland  
Bay City, Mi 48708

Forms  
Quantity: 20  
Paragon Dept No: 60825  
Dept Name: Marketing & Public Relations  
Company Number: 210

Order Total Price: 75.80

Item Number: RXB-4  
Item Description: Lavinia Boboc (2 Part; 50 scripts per pad)  
Revision Date: 3/2015  
Print:  
Paper:  
Size:  
Fold:  
Finish:  
Drill:

Misc Info: Minimum order is 4 pads per physician; maximum order is 20 pads per physician. Quantity must be ordered in increments of

|   |   |
|---|---|
| <br>BAY REGION<br>ENDOCRINOLOGY<br>3775 West Industrial Drive, Bay City, MI 48708<br>Phone (519) 346-4543 Fax (519) 346-4542<br>LAVINIA BOBOC, M.D. (NAME IMPRESSION)                         | <br>BAY REGION<br>ENDOCRINOLOGY<br>3775 West Industrial Drive, Bay City, MI 48708<br>Phone (519) 346-4543 Fax (519) 346-4542<br>LAVINIA BOBOC, M.D. (NAME IMPRESSION)                         |
| Name: _____ Date: ____/____/____  | Name: _____ Date: ____/____/____  |
| Address: _____  | Address: _____  |
| (Please Print)  | (Please Print)  |
| <input type="checkbox"/> 1/8"      1/8" x 1/8"      1/8" x 1/8"   | <input type="checkbox"/> 1/8"      1/8" x 1/8"      1/8" x 1/8"   |
| <small>Quantity of pads per physician. Minimum order is 4 pads per physician. Maximum order is 20 pads per physician. Quantity must be ordered in increments of 4 pads per physician.</small> | <small>Quantity of pads per physician. Minimum order is 4 pads per physician. Maximum order is 20 pads per physician. Quantity must be ordered in increments of 4 pads per physician.</small> |
| <br>BAY REGION<br>ENDOCRINOLOGY<br>3775 West Industrial Drive, Bay City, MI 48708<br>Phone (519) 346-4543 Fax (519) 346-4542<br>LAVINIA BOBOC, M.D. (NAME IMPRESSION)                         | <br>BAY REGION<br>ENDOCRINOLOGY<br>3775 West Industrial Drive, Bay City, MI 48708<br>Phone (519) 346-4543 Fax (519) 346-4542<br>LAVINIA BOBOC, M.D. (NAME IMPRESSION)                         |
| Name: _____ Date: ____/____/____  | Name: _____ Date: ____/____/____  |
| Address: _____  | Address: _____  |
| (Please Print)  | (Please Print)  |
| <input type="checkbox"/> 1/8"      1/8" x 1/8"      1/8" x 1/8"   | <input type="checkbox"/> 1/8"      1/8" x 1/8"      1/8" x 1/8"   |
| <small>Quantity of pads per physician. Minimum order is 4 pads per physician. Maximum order is 20 pads per physician. Quantity must be ordered in increments of 4 pads per physician.</small> | <small>Quantity of pads per physician. Minimum order is 4 pads per physician. Maximum order is 20 pads per physician. Quantity must be ordered in increments of 4 pads per physician.</small> |