

McLaren Print System Order

Order No: 43400
Order Date: 2019-03-06
User: Tammy Sagamang
Phone: 810-342-5820

Ship Location: McLaren Int. Med. Res. Group Practice-Attn: Tammy
3230 Beecher Road Ste 2-Med Ed Bldg
Flint , MI 48532

Brochures
Quantity: 500
Paragon Dept No: 60030
Dept Name: McLaren Int. Med. Res. Group Practice
Company Number: 60

Order Total Price: 8.68

Item Number: M-34208-A
Item Description: Blood Pressure Card
Revision Date: 5/2018
Print: 2 sided black and white
Paper: 65# White Cover
Size: 8.5 x 11
Fold:
Finish: None
Drill:
Misc Info: 65# cover; ds; black

<p>McLAREN INTERNAL MEDICINE and RESIDENCY GROUP PRACTICE</p> <p>PHYSICIAN (810) 342-5800</p> <p>Patient's Name: _____</p> <p>Date My Blood Pressure Is: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>W00284 01/16</p>	<p>McLAREN INTERNAL MEDICINE and RESIDENCY GROUP PRACTICE</p> <p>PHYSICIAN (810) 342-5800</p> <p>Patient's Name: _____</p> <p>Date My Blood Pressure Is: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>W00284 01/16</p>	<p>McLAREN INTERNAL MEDICINE and RESIDENCY GROUP PRACTICE</p> <p>PHYSICIAN (810) 342-5800</p> <p>Patient's Name: _____</p> <p>Date My Blood Pressure Is: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>W00284 01/16</p>	<p>McLAREN INTERNAL MEDICINE and RESIDENCY GROUP PRACTICE</p> <p>PHYSICIAN (810) 342-5800</p> <p>Patient's Name: _____</p> <p>Date My Blood Pressure Is: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>W00284 01/16</p>
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Spec Info: