

**McLaren Print System Order**

**Order No: 46889 Reprint Previous Order No: 43023**  
**Order Date: 2019-07-10**  
**User: nancy lis**  
**Phone: 586-294-5210**

**Ship Location: McLaren Lakeshore Medical Center**  
**33720 Harper Avenue**  
**Clinton Twp, MI 48035**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 72650**  
**Dept Name: McLaren Lakeshore Medical Center**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: FAX-190**  
**Item Description: McLAREN MACOMB LAKESHORE MEDICAL CENTER**  
**Revision Date: 6/2019**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold: None**  
**Finish: None**  
**Drill: None**  
**Misc Info:**



**LAKESHORE MEDICAL CENTER**  
33720 Harper Avenue - Clinton Township, Michigan 48035  
Phone: 586-294-5210 - Fax: 586-294-0215

*Fax Cover Sheet*

Date \_\_\_\_\_ Time \_\_\_\_\_  
To \_\_\_\_\_ Department \_\_\_\_\_  
From \_\_\_\_\_ Department \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

NUMBER OF PAGES \_\_\_\_\_ (including cover sheet)

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your clinic is capable of sending and receiving electronic referrals through your EMR (Meaningful Use Requirement) please contact us so we can exchange direct message ID's.

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

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