

**McLaren Print System Order**

**Order No: 56059**  
**Order Date: 2020-08-13**  
**User: Mary Covio**  
**Phone: 989-667-2381**

**Ship Location: Karmanos-Bay McLaren Bay Region**  
**3140 West Campus Drive**  
**BayCity, MI 48706**

**Forms**

**Quantity: 20 pads**  
**Paragon Dept No: 60705**  
**Dept Name: Karmanos-Bay - Cook,Abramson, Throureddy**  
**Company Number: 460**

**Order Total Price: NaN**

**Item Number: RXB-16**  
**Item Description: Sherry Levandowski (2 Part; 50 scripts per pad)**  
**Revision Date: 4/2017**  
**Print:**  
**Paper:**  
**Size:**  
**Fold:**  
**Finish:**  
**Drill:**  
**Misc Info: Minimum order is 4 pads per physician; maximum order is 20 pads per physi-  
an. Quantity must be ordered in increments of 4.**

 3140 W. Campus Drive - Bay City MI 48706 Phone (989) 667-2328 - Fax (989) 671-1070 Sherry Levandowski, M.D. Board Certified in Internal Medicine/Oncology/Hematology MP# F10244500 - DEAN FL3001638	 3140 W. Campus Drive - Bay City MI 48706 Phone (989) 667-2328 - Fax (989) 671-1070 Sherry Levandowski, M.D. Board Certified in Internal Medicine/Oncology/Hematology MP# F10244500 - DEAN FL3001638
Name: _____ Date: ____/____/____	Name: _____ Date: ____/____/____
Address: _____	Address: _____
 (Please Print)	 (Please Print)
<input type="checkbox"/> Label MP# _____ TABL Pts. SR	<input type="checkbox"/> Label MP# _____ TABL Pts. SR
<small>Number (range of physician) requested printed. Selected to change, font and color of labels required. Top for Report/Order form is collected in RPT 6/1/2016</small>	<small>Number (range of physician) requested printed. Selected to change, font and color of labels required. Top for Report/Order form is collected in RPT 6/1/2016</small>
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**Spec Info:**