

**McLaren Print System Order**

**Order No: 56903 Reprint Previous Order No: 20520**  
**Order Date: 2020-09-17**  
**User: Carrie Gnatkowski**  
**Phone: 989-393-2714**

**Ship Location: McLaren Bay Primary Care Attn: Carrie Gnatkowski**  
**4 Columbus Ave., Suite 380**  
**Bay City , MI 48708**

**Forms**

**Quantity: 1000**  
**Paragon Dept No: 17805**  
**Dept Name: McLaren Medical group**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: FAX-172**  
**Item Description: McLaren Bay Primary Care**  
**Revision Date: 12/2016**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info:**



**PRIMARY CARE**  
4 Columbus Ave, Suite 380, Bay City, MI 48708

*Fax Cover Sheet*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_ Department: **McLaren Bay Region Primary Care**

Telephone: **(989) 393-2700** Fax: **(989) 894-6020**

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

REMARKS: \_\_\_\_\_

If your clinic is capable of sending and receiving electronic referrals through your [MIR (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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