

McLaren Print System Order

Order No: 67569
Order Date: 2022-02-04
User: Angie Claerhout
Phone: 9896673420

Ship Location: Bay Bay Orthopedic Surgery -Uptown
4 Columbus Ave Suite 160
Bay City, MI 48708

Forms

Quantity: 500
Paragon Dept No: 51535
Dept Name: McLaren Bay Orthopedic Surgery
Company Number: 210

Order Total Price: 0.00

Item Number: B-103
Item Description: Fax Cover Sheet
Revision Date: 2/2022
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill:
Misc Info: SS, B&W



BAY ORTHOPEDIC SURGERY

4 COLUMBUS AVE., SUITE 160
BAY CITY, MI 48708

Robert Render, D.O.

Shaun Elsengruber, PA-C

Stephanie Wilson, PA-C

Jamie Mulkey, N.P.

Fax Cover Sheet

Date: _____ Time: _____

To: _____ Fax Number: _____

From: _____

Telephone: **989-393-2777**

Fax: **989-894-6181**

Number of Pages: _____ (including cover sheet)

Remarks: _____

If this facsimile has reached you in error, please contact the above person immediately.

Your assistance is appreciated; thank you.

Spec Info: Angie Claerhout Suite 160

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