

McLaren Print System Order

Order No: 69252 Reprint Previous Order No: 20520
Order Date: 2022-04-25
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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