

McLaren Print System Order

Order No: 70195 Reprint Previous Order No: 59043
Order Date: 2022-06-01
User: Stephanie Lovejoy
Phone: 9896725110

Ship Location: McLaren Caro ATTN Stephanie Lovejoy
401 Hooper St
Caro, mi 4873

Forms

Quantity: 500
Paragon Dept No: 14760
Dept Name: HIM
Company Number: 510

Order Total Price: 0.00

Item Number: MR-3
Item Description: FAX SHEET - HIM
Revision Date: 1/17/2018
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER



CARD REGION

DATE SENT: _____ TIME: _____

TO: _____ FAX NO: _____

DEPT./COMPANY: _____ PHONE NO: _____

FROM: McLaren CARD REGION
HIM Department
Telephone Number: 989-672-5120
Fax Number: 989-672-6995

SENDER: _____

Number of Pages, including Transmittal: _____

COMMENTS:

CONFIDENTIALITY NOTICE: The information contained in this facsimile message is privileged and confidential health care information intended for the use of the individual or entity named above. You, the recipient, are obligated to maintain the information in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately at the above telephone number and destroy all documents received. Thank you.

FORM MR 3
REV: 1-17-18