

**McLaren Print System Order**

**Order No:** 71785  
**Order Date:** 2022-08-18  
**User:** Angie Claerhout  
**Phone:** 9896673420

**Ship Location:** Bay Orthopedic Surgery  
4 Columbus Ave Suite 160  
Bay City, Michigan 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:** 08/2022  
**Print:** 1 sided black and white  
**Paper:** 20# White Text  
**Size:** 8.5 x 11  
**Fold:**  
**Finish:**  
**Drill:**  
**Poster:**  
**Misc Info:** SS, B&W



BAY ORTHOPEDIC SURGERY

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

*Robert Render, D.O.*

*Stephanie Wilson, PA-C*

*Jamie Mulkey, N.P.*

*Jon Schuler, PA-C*

# Fax Cover Sheet

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

To: \_\_\_\_\_ Fax Number: \_\_\_\_\_

From: \_\_\_\_\_

Telephone: **989-393-2777**

Fax: **989-894-6181**

Number of Pages: \_\_\_\_\_ (including cover sheet)

Remarks: \_\_\_\_\_

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

**Your assistance is appreciated; thank you.**

Spec Info:

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