

McLaren Print System Order

Order No: 71818 Reprint Previous Order No: 7180
Order Date: 2022-08-21
User: Graphics Dept
Phone: 810-342-1066

Ship Location: Test Dont Print
1111
Bay City, MI 48708

Forms

Quantity: 10
Paragon Dept No: 51535
Dept Name: xxxxxxxx's
Company Number: 810

Order Total Price: 16.00

Item Number: MM-150
Item Description: Sample Medication Prescription MMG Provider Office
Revision Date: 1/2014
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: 3 Part (White, Yellow, Pink); Padded in 25 sets per pad; 2 hole drill at top; Quantity must be ordered in increments of 4.

Sample Medication Prescription
MMG PROVIDER OFFICE

Dr. _____

Date: ____/____/____ Patient: _____

Drug Dose: _____ Qty Disp: _____

Lot #: _____ Exp Date: ____/____/____

Balance: _____

Directions: _____

Sub/Effic/Disc: (The QTY) No Refills

Provider Signature: _____

***** 1815 patient 020207 sample/ty 1940 patient.doc

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***** 1815 patient 020207 sample/ty 1940 patient.doc