

McLaren Print System Order

Order No: 82645
Order Date: 2024-01-26
User: Angie Claerhout
Phone: 9896673420

Ship Location: Bay Orthopedic Surgery
4 Columbus Ave Suite #160
Bay City, Michigan 48708

Forms
Quantity: 1000
Paragon Dept No: 51535
Dept Name: McLaren Bay Orthopedic Surgery
Company Number: 210

Order Total Price: 31.00

Item Number: B-103
Item Description: Fax Cover Sheet
Revision Date: 01/2024
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 REGION
ORTHOPEDIC SURGERY
4 COLUMBUS AVE., SUITE 160
BAY CITY, MI 48708

Robert Bender, D.O.
Matthew D'Onofrio, M.D.
Stephanie Wilson, PA-C
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: _____

Spec Info: Bay Orthopedic Surgery Suite 160 -Attn: Angie Claerhout

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Your assistance is appreciated; thank you.

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