

**McLaren Print System Order**

Order No: 85132  
Order Date: 2024-05-01  
User: Angie Claerhout  
Phone: 9893932775

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'John, 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 -Uptown Attn: Angie Claerhout Sutie 160**

If this facsimile has reached you in error, please contact the above person immediately.  
Your assistance is appreciated; thank you.

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