


**McLaren Print System Order**

**Order No: 87058**  
**Order Date: 2024-07-18**  
**User: Lisa Ritter**  
**Phone: 8103598193**

**Ship Location: Lexington Community Health Center**  
**5730 Main St**  
**Lexington, 48450**

**Business Card - Name: JESSICA ZIRNIS, PT, DPT, OMPT**  
**Quantity: 1000**  
**Paragon Dept No: 26900-2970 (PeopleSoft)**  
**Dept Name: Lexington Physical Therapy**  
**Company Number: 480**

**Order Total Price: 52.50**

 PORT HURON	<b>JESSICA ZIRNIS, PT, DPT, OMPT</b> Physical Therapist
	tel (810) 359-8193 fax (810) 359-8413 Lexington Community Health Center 5730 Main St Lexington, Michigan 48450
<a href="http://mclaren.org">mclaren.org</a>	

M _____	DATE	TIME
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____

If you are unable to keep your appointment, please give 24 hours notice.

**Spec Info:**