

**McLaren Print System Order**

**Order No:** 87930  
**Order Date:** 2024-09-05  
**User:** Bobbi O'Grady  
**Phone:**

**Ship Location:**

**Business Card**  
**Quantity:** 250  
**Peoplesoft Dept No:**  
**Dept Name:**  
**Company Number:**

**Order Total Price:** 21.00



---

**YOUR NEXT APPOINTMENT IS ON:**

MON  TUE  WED  THUR  FRI  
 SAT  SUN

**date** \_\_\_\_\_

**at** \_\_\_\_\_ am pm

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

**Name:** PAULA DEKEYSER, DO  
**Title:** McLaren Cheboygan Family Medicine  
**Title2:**  
**Address:** 740 S. Main St., Suite 3B  
**Office:**  
**City:** Cheboygan,  
**State:** Michigan  
**Zip:** 49721  
**Cell:**  
**Pager:**  
**Phone:** 231-627-4364  
**Fax:** 231-627-7758  
**Email:**  
**Email2:**  
**Dept1:**  
**Dept2:**

**Spec Info:**