

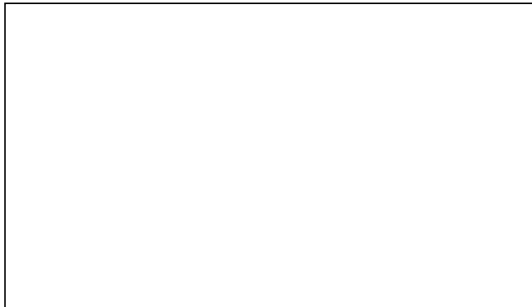
**McLaren Print System Order**

**Order No: 88247**  
**Order Date: 2024-09-18**  
**User: Lisa Barton**  
**Phone:**

**Ship Location:**

**Business Card**  
**Quantity: 2000**  
**Peoplesoft Dept No:**  
**Dept Name:**  
**Company Number:**

**Order Total Price: 88.20**



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**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: CHRISTOPHER R. VITALE, D.O.**  
**Title: Orthopaedic Trauma Surgeon & Fracture Specialist**  
**Title2: Adult Reconstructive Joint Surgery**  
**Address: 1030 Harrington Blvd., Suite 303**  
**Office:**  
**City: Mount Clemens**  
**State: Michigan**  
**Zip: 48043**  
**Cell:**  
**Pager:**  
**Phone: (586) 493-3890**  
**Fax: (586) 493-3898**  
**Email:**  
**Email2:**  
**Dept1:**  
**Dept2:**

**Spec Info:**