

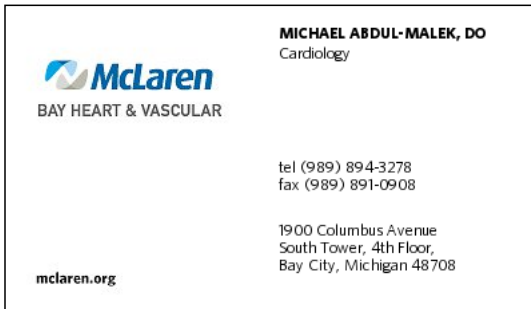
**McLaren Print System Order**

**Order No:** 88736  
**Order Date:** 2024-10-04  
**User:** Tiffany Glover  
**Phone:**


**Ship Location:**

**Business Card**  
**Quantity:** 1000  
**Peoplesoft Dept No:**  
**Dept Name:**  
**Company Number:**

**Order Total Price:** 52.50



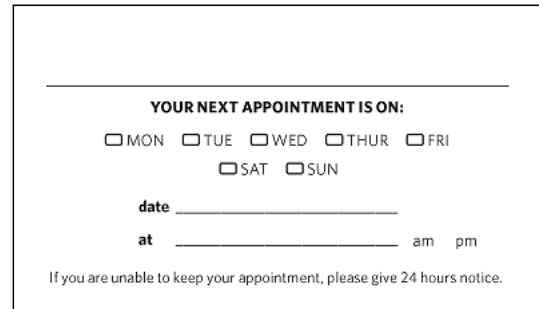
**MICHAEL ABDUL-MALEK, DO**  
Cardiology

  
BAY HEART & VASCULAR

tel (989) 894-3278  
fax (989) 891-0908

1900 Columbus Avenue  
South Tower, 4th Floor,  
Bay City, Michigan 48708

mclaren.org



**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:** MICHAEL ABDUL-MALEK, DO  
**Title:** Cardiology  
**Title2:**  
**Address:** 1900 Columbus Avenue  
**Office:**  
**City:** South Tower, 4th Floor  
**State:**  
**Zip:** Bay City, Michigan 48708  
**Cell:**  
**Pager:**  
**Phone:** (989) 894-3278  
**Fax:** (989) 891-0908  
**Email:**  
**Email2:**  
**Dept1:**  
**Dept2:**

**Spec Info:**