


**McLaren Print System Order**

**Order No: 90012**  
**Order Date: 2024-11-14**  
**User: Shameka White**  
**Phone:**

**Ship Location:**

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

**Order Total Price: 52.50**



**ABDUL CHOUDHURY , MD**  
Family Medicine

tel 586-294-5210  
fax 586-294-0215

Lakeshore Medical Center  
33720 Harper Ave  
Clinton Township, Michigan  
48035

mclaren.org

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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: ABDUL CHOUDHURY , MD**  
**Title: Family Medicine**  
**Title2:**  
**Address: 33720 Harper Ave**  
**Office:**  
**City: Clinton Township**  
**State: Michigan**  
**Zip: 48035**  
**Cell:**  
**Pager:**  
**Phone: 586-294-5210**  
**Fax: 586-294-0215**  
**Email:**  
**Email2:**  
**Dept1:**  
**Dept2:**

**Spec Info:**