

**McLaren Print System Order**

**Order No:** 90714  
**Order Date:** 2024-12-09  
**User:** Casey Coleman  
**Phone:**

**Ship Location:**

**Business Card**

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

**Order Total Price:** 52.50



**SARAH JONES, DO**  
Obstetrics & Gynecologic Surgeon

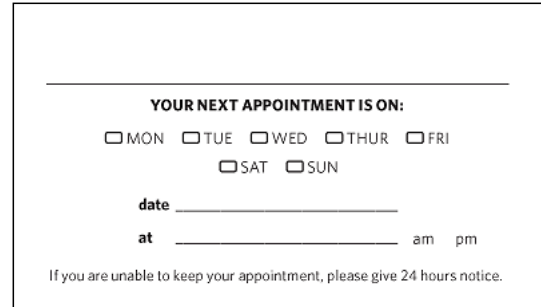


MACOMB

tel (586) 286-4880  
fax (586) 286-1102

Women's Health Associates  
37399 Garfield Rd., Suite 203  
Clinton Township, MI 48036

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:** SARAH JONES, DO  
**Title:** Obstetrics & Gynecologic Surgeon  
**Title2:**  
**Address:** 37399 Garfield Rd., Suite 203  
**Office:**  
**City:** Clinton Township  
**State:** MI 48036  
**Zip:**  
**Cell:**  
**Pager:**  
**Phone:** (586) 286-4880  
**Fax:** (586) 286-1102  
**Email:**  
**Email2:**  
**Dept1:**  
**Dept2:**

**Spec Info:**