

**McLaren Print System Order**

**Order No: 90985**  
**Order Date: 2024-12-19**  
**User: Jannine LaDuke**  
**Phone:**

**Ship Location:**

**Business Card**

**Quantity: 500**  
**Peoplesoft Dept No:**  
**Dept Name:**  
**Company Number:**

**Order Total Price: 31.50**



**LISA LANGENBURG, MD**  
Family Medicine, Board Certified

tel 586-791-5250  
fax 586-791-0408

McLaren Macomb Health Camp: Well  
21510 Harrington Street, Suite 202  
Clinton Township, Michigan  
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: LISA LANGENBURG, MD**  
**Title: Family Medicine, Board Certified**  
**Title2:**  
**Address: 21510 Harrington Street, Suite 202**  
**Office:**  
**City: Clinton Township**  
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**Dept2:**

**Spec Info:**