


**McLaren Print System Order**

**Order No:** 91235  
**Order Date:** 2025-01-06  
**User:** Shameka White  
**Phone:**

**Ship Location:**

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

**Order Total Price:** 52.50



**ALEXANDRA BLOOM**  
MSN, FNP-BC

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

McLaren Lakeshore Medical Center  
33720 Harper Avenue  
Clinton Township, Michigan  
48035

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:** ALEXANDRA BLOOM  
**Title:** MSN, FNP-BC  
**Title2:**  
**Address:** 33720 Harper Avenue  
**Office:**  
**City:** Clinton Township  
**State:** Michigan  
**Zip:** 48035  
**Cell:**  
**Pager:**  
**Phone:** 586-294-5210  
**Fax:** 586-294-0215  
**Email:**  
**Email2:**  
**Dept1:**  
**Dept2:**

**Spec Info:**