

**McLaren Print System Order**


**Order No:** 91264  
**Order Date:** 2025-01-07  
**User:** Tiffany Glover  
**Phone:**

**Ship Location:**

**Business Card**

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

**Order Total Price:** 52.50



**BAY HEART & VASCULAR**

**SUE HAFER, ANP, FNP-BC, CHFN**  
Congestive Heart Failure Clinic

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

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

[mclaren.org](http://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:** SUE HAFER, ANP, FNP-BC, CHFN  
**Title:** Congestive Heart Failure Clinic  
**Title2:**  
**Address:** South Tower, 4th Floor  
**Office:**  
**City:** Bay City  
**State:** Michigan 48708  
**Zip:**  
**Cell:**  
**Pager:**  
**Phone:** (989) 894-3278  
**Fax:** (989) 891-0908  
**Email:**  
**Email2:**  
**Dept1:**  
**Dept2:**

**Spec Info:**