

**McLaren Print System Order**

**Order No: 91492**  
**Order Date: 2025-01-13**  
**User: Penny Marshall**  
**Phone:**

**Ship Location:**

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

**Order Total Price: 31.50**



**McLaren**  
NORTHERN MICHIGAN

**AMBER RHADIGAN**  
Physician Assistant, Orthopedics

tel 231-487-5400  
fax 231-487-4804

McLaren Medical Office Building  
560 W. Mitchell St., Suite 560  
Petoskey, Michigan  
49770

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: AMBER RHADIGAN**  
**Title: Physician Assistant, Orthopedics**  
**Title2:**  
**Address: 560 W. Mitchell St., Suite 560**  
**Office:**  
**City: Petoskey**  
**State: Michigan**  
**Zip: 49770**  
**Cell:**  
**Pager:**  
**Phone: 231-487-5400**  
**Fax: 231-487-4804**  
**Email:**  
**Email2:**  
**Dept1:**  
**Dept2:**

**Spec Info:**