

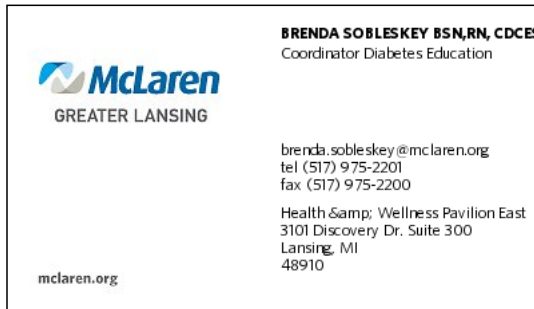
**McLaren Print System Order**


**Order No: 91952**  
**Order Date: 2025-01-29**  
**User: Brenda Sobleskey**  
**Phone:**

**Ship Location:**

**Business Card**  
**Quantity: 250**  
**Peoplesoft Dept No:**  
**Dept Name:**  
**Company Number:**

**Order Total Price: 21.00**



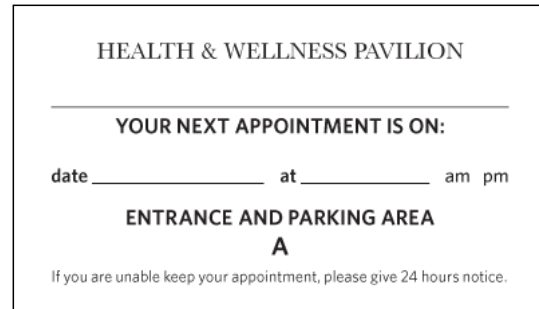
  
GREATER LANSING

**BRENDA SOBLESKEY BSN,RN, CDCES**  
Coordinator Diabetes Education

brenda.sobleskey@mclaren.org  
tel (517) 975-2201  
fax (517) 975-2200

Health Camp: Wellness Pavilion East  
3101 Discovery Dr. Suite 300  
Lansing, MI  
48910

mclaren.org



HEALTH & WELLNESS PAVILION

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**YOUR NEXT APPOINTMENT IS ON:**

date \_\_\_\_\_ at \_\_\_\_\_ am pm

**ENTRANCE AND PARKING AREA**  
**A**

If you are unable keep your appointment, please give 24 hours notice.

**Name: BRENDA SOBLESKEY BSN,RN, CDCES**  
**Title: Coordinator Diabetes Education**  
**Title2:**  
**Address: 3101 Discovery Dr. Suite 300**  
**Office:**  
**City: Lansing**  
**State: MI**  
**Zip: 48910**  
**Cell:**  
**Pager:**  
**Phone: (517) 975-2201**  
**Fax: (517) 975-2200**  
**Email: brenda.sobleskey@mclaren.org**  
**Email2:**  
**Dept1:**  
**Dept2:**

**Spec Info:**