



Practice Brochure Order Form

This worksheet is designed to help us get to an efficient start. Please complete and fax to 803.831.0280. We look forward to doing a great job for you.

Date ____/____/200____

Client Name _____ Associate/Associates _____

Name of Practice _____

Please list address and phone number the way you want to have it listed:

Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ Email _____

Website _____

Which type of dentistry do you want your brochure to attract?

Implants Family Cosmetic General Periodontal Ortho Pediatrics

Will you be using your current logo? Yes No If yes, please send as a JPEG, EPS or Illustrator file.

Are we designing a new logo to be used in the brochure? Yes No

Have you selected a style brochure you like from the samples provided? If so, which one?

Bi-Fold Tri-Fold Gate-Fold Stack-Fold Custom 8.5 x 11 Flyer

** To get started, you will need to send us the following:

Color photo of the doctor(s) (300 dpi electronic file) and a bio or CV

Samples of your current office brochure, or any copy you would like to have added to brochure.

**Remember, the quality of information you send will determine the quality of brochure you receive!

Yes, I'm interested in getting started.

We will be sending information right away.

50% deposit toward brochure chosen.

Amount \$ _____ (Price varies by size, please call for total)

Please charge to my M/C Visa Discover AMEX

Credit Card # _____

Expiration Date _____

Signature _____