



Practice Identity 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 card to have it listed:

Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ Email _____

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

- Implants
- Family
- Cosmetic
- General
- Periodontal
- Ortho
- Pediatrics

After your logo is completed, we will produce stationery artwork to have your new logo incorporated into your letterhead, envelopes, business cards, etc. We will need the following information from you:

Names & everyone that will be receiving business cards:

_____	_____
_____	_____
_____	_____
_____	_____

Would you like for us to handle the printing? Yes No

The name and phone number of printer that will be printing your new stationery package:

- Yes, I'm interested in getting started.
- Please begin designing a new logo for our practice.
- Custom Logo Design & Stationery Artwork \$3200

Please charge to my M/C Visa Discover AMEX

Credit Card # _____

Expiration Date _____

Signature _____