

# Relief & Wellness News Order Form (Issue 1748, Winter 2012, available for order until 3/15/2012)

## Practice Information:

Doctor's Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Telephone: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Office Fax: \_\_\_\_\_  Check here if you prefer to receive proofs by fax.  
 Email Address: \_\_\_\_\_  Check here if you prefer to receive PDF proofs by email.

## Personalization Panel: (Check all that apply - send text and images (300 dpi) by email or fax if changed from last order)

Use:  Doctor's Name  Practice Name Design my Personalization Panel with the following enclosed items:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Testimonials  | <input type="checkbox"/> My supplied article | <input type="checkbox"/> Event announcement | <input type="checkbox"/> Staff changes           |
| <input type="checkbox"/> Map           | <input type="checkbox"/> Office hours        | <input type="checkbox"/> Photograph(s)      | <input type="checkbox"/> Patient Media article   |
| <input type="checkbox"/> Practice logo | <input type="checkbox"/> Referral list       | <input type="checkbox"/> Special offer      | <input type="checkbox"/> Other: faxed or emailed |

## Postage: (Check one)

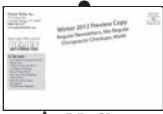
- Leave the postage indicia area blank. We will apply stamps.  
 Use indicia. Permit city: \_\_\_\_\_ Permit number: \_\_\_\_\_  
 First Class  Standard Presort (Bulk)

## Folding: (Fill in all quantities desired) If no selection, all newsletters will be folded as Mailer with tab.



Booklet

Quantity



Mailer

\_\_\_\_\_ 8½" x 5½" **Mailer with tab** (Standard, 2 folds, mails with a first-class stamp)

\_\_\_\_\_ 8½" x 5½" **Mailer no tab** (Standard, 2 folds, mails with a first-class stamp)

Please include \_\_\_\_\_ loose tabs with my order (I will apply by hand)

\_\_\_\_\_ 8½" x 11" **Booklet no tab** (1 fold. Use for your front desk display)

## Delivery: (Check one)

- Ship all newsletters to our office address above  
 Ship all newsletters to the mailing facility named below  
 Ship \_\_\_\_\_ newsletters to our local mailing facility and the balance to our office

Attention: \_\_\_\_\_ Mailing Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

## Quantity: Minimum order 200 pieces. (Includes folding and tabbing per U.S. Postal regulations.)

(200 – 999) copies to be printed: \_\_\_\_\_ X \$.45 each = \$ \_\_\_\_\_

or

(1000 or more) copies to be printed: \_\_\_\_\_ X \$.39 each = \$ \_\_\_\_\_

## Shipping: Allow an additional 3-4 days for printing. Prices for U.S. customers only. Call for non-U.S. pricing.

Total number of copies: \_\_\_\_\_ X \$.07 each for FedEx 3-Day shipping = \$ \_\_\_\_\_

Total number of copies: \_\_\_\_\_ X \$.04 each for FedEx Ground shipping = \$ \_\_\_\_\_

## Payment:

(For cardholder protection, please do not include a complete credit card number on this order form.)

**\$65 Design and proofing fee** = \$ 65

- Check enclosed - Check No. \_\_\_\_\_ **Total This Order** = \$ \_\_\_\_\_  
 I will call Patient Media with the credit card information  
 Credit Card on file with Patient Media office - Last four digits of card number for verification \_\_\_\_\_  
 Please call our office to obtain credit card information - Name of Contact \_\_\_\_\_

### Send this along with your Personalization Panel materials to:

Patient Media, Inc. • 215 Sutton Lane, Colorado Springs, CO 80907 • Questions? Call (800) 486-2337  
 Fax your materials to: (800) 201-0185 • E-mail your materials to: [newsletter@patientmedia.com](mailto:newsletter@patientmedia.com)