

CCA MED-PAY BROCHURE

Contact Name: _____ Order # (if applicable) _____

Contact Phone: _____ Contact Fax: _____

1. Practice Information:

Doctor's Name: _____

Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Email: _____ Website: _____

Clinic Hours: _____

Do you accept walk-in patients: _____ Do you take same day appointments? _____

3. Personalized Panel

 Check and supply all items below: (see "How to Supply Files")

Please don't supply more than we can fit in the 3" by 8" space.

Purpose of this Piece:

This will determine the orientation of your layout.

Mailer

Clinic Brochure

Information to be

included and supplied:

Clinic Logo

Doctor Photo

Office Hours

Event announcement

Special offer

Staff changes

Contact information

If using an expiration date for any offers made on your customized brochure, we suggest you make it at least 60 days after the date your piece will mail.

PLEASE FAX THIS FORM TO US UPON COMPLETION AND EMAIL NECESSARY FILES.

FAX: 800-696-1165

How to supply files:

You may email or mail the items we need to complete your brochures. Please read the instructions above carefully and email items as attachments to **Customize@BackTalkSystems.com** or mail your items on a CD to

**Back Talk Systems, Inc.
Attn: Angelique Airlington
231 Violet Street, Suite 140
Golden, CO 80401**

**800-937-3113 phone
800-696-1165 fax**