MILES & Associates

Linda Miles Signature Package™ ORDER FORM

Your 4 steps to easy ordering:

1 PLEASE FILL OUT COMPLETELY:

Use upper and lower case letters. Please print clearly.

DR. NAME ❑ DMD ❑ DDS

ADDRESS

CITY STATE ZIP

CONTACT NAME PHONE FAX EMAIL

If you'd like your logo printed next to your return address on back of postcard, mail us your business card with logo or email a hi-res art file to info@hycomb.com.

2 HERE'S WHAT I'D LIKE TO ORDER:

TEXT SELECTION:

❑ A

Dear _____

This is to verify the appointment, made with our office, for your professional recare and complete oral health examination. This time has been reserved just for you. We trust no change will be necessary.

We look forward to seeing you.

_____ _____
Date Time

❑ B

Dear _____

This is to verify the appointment, made with our hygienist, for your professional recare and complete oral health examination. This time has been reserved just for you. We trust no change will be necessary.

We look forward to seeing you.

_____ _____
Date Time

❑ C

Dear _____

This is to verify the appointment, made with our hygienist, for your professional recare and complete oral health examination. This time has been reserved just for you. Any change in this appointment affects many patients.

We look forward to seeing you.

_____ _____
Date Time

❑ D

Dear _____

This is to verify the appointment, made with our office, for your professional recare and complete oral health examination. This time has been reserved just for you. Any change in this appointment affects many patients.

We look forward to seeing you.

_____ _____
Date Time

DESIGN SELECTION: ❑ Girl with Apple ❑ Blond Woman ❑ Sailboat ❑ Seashell

QUANTITY	DESCRIPTION	TOTAL
	Postcards with text and design specified above	$
	SUBTOTAL	$
	SHIPPING	$
	Sales Tax, ID only (6%)	$
	TOTAL	$

Quantity	Postcards	Shipping
2000	$475	$45
2500	$525	$55
5000	$775	$60
10000	$985	$105

3 HERE'S HOW I'D LIKE TO PAY:

Full payment must be made in advance.

❑ I'm enclosing a check.

❑ I authorize Hycomb to automatically withdraw payment from the credit card listed below.

❑ MasterCard ❑ VISA ❑ American Express

[ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ]

[ ][ ][ ][ ] EXPIRATION DATE

4 SIGNATURE _____

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