

Your 6 steps to easy ordering:

PLEASE FILL OUT COMPLETELY and fax to (888) 899-3291 or order online at www.hycomb.com.

1 ORDER FOR

Practice Name _____

DDS DMD

Name of Doctor _____

Address _____

City _____ State _____ Zip _____

Phone _____ Contact Name _____ Fax _____


2 TEXT OPTIONS

Please choose one text option, You can find the options online at www.hycomb.com, or you can use your own copy—just fax it on a separate sheet.

Mark Your Selection Below:

<input type="checkbox"/> SC-1	<input type="checkbox"/> SC-7	<input type="checkbox"/> SC-13	<input type="checkbox"/> SC-19
<input type="checkbox"/> SC-2	<input type="checkbox"/> SC-8	<input type="checkbox"/> SC-14	<input type="checkbox"/> SC-20
<input type="checkbox"/> SC-3	<input type="checkbox"/> SC-9	<input type="checkbox"/> SC-15	<input type="checkbox"/> SC-21
<input type="checkbox"/> SC-4	<input type="checkbox"/> SC-10	<input type="checkbox"/> SC-16	<input type="checkbox"/> SC-22
<input type="checkbox"/> SC-5	<input type="checkbox"/> SC-11	<input type="checkbox"/> SC-17	<input type="checkbox"/> SC-23
<input type="checkbox"/> SC-6	<input type="checkbox"/> SC-12	<input type="checkbox"/> SC-18	<input type="checkbox"/> SC-24
<input type="checkbox"/> <i>Our Copy (Remember—the simpler, the better!)</i>			

SAMPLE CARD



Our Smile Card

To acquaint you with our office, we're offering all new patients \$25.00 off their first: Complete Oral Exam, X-rays and Routine Cleaning. ☺ Take advantage of this opportunity to safeguard your smile. Make an appointment for yourself or the entire family today.

Referred by _____

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Dr. Berol's Smile Card
106 North Forest Avenue
Sandpoint, ID 83864
Phone: 800 • 523 • 6961
www.hycomb.com

3 CONTACT INFO (LEFT SIDE OF CARD)

Please print your name(s), address and telephone number **EXACTLY** as you want them to appear on your cards. **A \$93 charge will apply for changes made after the first proof.**

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

Line 5: _____

4 YOUR ORDER

QUANTITY	COST	SHIPPING
2,500	\$545	\$30
5,000	\$620	\$50
10,000	\$770	\$65

QUANTITY	DESCRIPTION	TOTAL
		\$
Set-up fee	If this is your first Smile Card Order	\$ 65.00 non-refundable
	SUBTOTAL	\$
	6% Sales tax for ID residents	\$
	SHIPPING	\$
	TOTAL	\$

For larger quantities, please call.
Prices subject to change without notice.

5 YOUR METHOD OF PAYMENT

I'm enclosing my check in the amount of \$ _____

I authorize Hycomb to withdraw \$ _____ from my credit card listed below:

MASTERCARD VISA American Express

Expiration Date

6 SIGNATURE _____ DATE _____