

MJD Procedure Brochures

Order Form

MJD Patient Communications • 4915 St. Elmo Avenue, Suite 306 • Bethesda, MD 20814 • Phone 301-657-8010 • Fax 301-657-8023

Let MJD make every brochure a mini-practice brochure.

Customize your back panel with information about the doctor, the procedures performed, your services and products offered and all contact information including your website address. MJD will keep your back panel on file for future orders. Typeset fee: \$60.00. Photo, logo or map included.

Each package contains 50 brochures. Minimum order only 8 assorted packs.

- 8 - 19 packs: \$49.50 per pack / 99¢ per brochure
- 20 - 39 packs: \$44.50 per pack / 89¢ per brochure
- 40 - 59 packs: \$39.50 per pack / 79¢ per brochure
- 60 - 99 packs: \$34.50 per pack / 69¢ per brochure
- 100+ packs: call for pricing

# Packs Brochure Title	# Packs Brochure Title	# Packs Brochure Title	# Packs Brochure Title
___ Acne/Acne Scars	___ CoolTouch™	___ Laser Skin Resurfacing	___ Power Assisted Liposuction
___ Aesthetic Laser Treatments	___ CosmoDerm™/CosmoPlast™	___ Laser Spider Vein Therapy	___ Power Peel®
___ Ageless Beauty NEW!	___ DownAging	___ Laser Toning™	___ Radiesse™ NEW!
___ Aging Skin Treat. NEW!	___ Dysport® & Botox® NEW!	___ LED Skin Rejuvenation	___ Restylane®
___ Asian Eyes	___ Erbium Laser Skin Resurfacing	___ LightSheer®	___ Restylane®/Perlane®
___ Beautiful Skin™ NEW!	___ Eyelid Surgery	___ Lip Augmentation	___ S-Lift
___ BlueLight Phototherapy	___ Eyelid Surgery - Laser	___ Lipodissolve	___ Scar & Stretch Mark
___ Blue Peel® from Obagi	___ Facelift	___ LipoSelection SM by Vaser®	___ Sclerotherapy
___ Botox® Cosmetic (Green Cover)	___ Facial Liposuction	___ Liposuction - African American	___ Sculptra™
___ Botox® Cosmetic (Blue Cover)	___ Facial Scar Treatments	___ Liposuction - Tumescant	___ Silhouette Lift®
___ Botox® & Collagen	___ Facial Vein Treatments	___ Liposuction for Men	___ Silicone Injections
___ Botox® & Juvéderm® NEW!	___ Fat Transfer NEW!	___ Lower Body Lift	___ Skin Cancer
___ Botox® & Restylane® NEW!	___ FotoFacial RF SM	___ Lunchtime Facial Rejuv.	___ Skin Cancer - MOHS
___ Breast Augmentation	___ Fractional Repair NEW!	___ Lunchtime Makeover NEW!	___ SmartLipo™ NEW!
___ Breast Aug. - Minimal Incision	___ Fractional Skin Resurfacing NEW!	___ Male Breast Reduction	___ Smooth Beam™
___ Breast Aug-Transumbilical	___ Fraxel™	___ Mesotherapy	___ Spot Removal
___ Breast Lift	___ GentleWaves™	___ Microdermabrasion	___ Tattoo Removal
___ Breast LipoReduction	___ Hair Transplantation	___ Microdermabrasion II (3 Faces)	___ ThermoFractional NEW!
___ Breast Reconstruction	___ Hand Rejuvenation NEW!	___ MicroLaserPeel	___ Thermage™
___ Breast Reduction	___ IPL Hair Removal	___ Midface Lift	___ Titan™ Tissue Tightening
___ Breast Surgery	___ IPL Leg Vein Treatments	___ Minimal-Incision Facial Surg.	___ Tummy Tuck
___ Browlift	___ IPL Photo Facial Rejuv.	___ Mommy Makeover NEW!	___ UltraPulse® Laser
___ Browlift - Minimal Incision	___ IPL Treatments	___ Neck Rejuvenation	___ Ultrasonically Assist. Lipo.
___ Cataracts No-Stitch	___ Juvéderm™ NEW!	___ Nose Surgery - Rhinoplasty	___ Vbeam®
___ Cellulite Treatments	___ Laser Hair Removal	___ NOTOX-RF™ NEW!	___ Varicose Vein Treatments
___ Chemical Peels	___ Laser Hair Removal for Men	___ Permanent Make-Up	___ VersaPulse® Laser Surgery
___ Chin & Cheek Implants	___ Laser Hair Removal Men/Women	___ PDT/PhotoDynamic Therapy	___ Visia®
___ Collagen Replacement	___ Laser Hair Removal for Women	___ Photo Rejuvenation	___ Wrinkle Fillers NEW!
___ CoolGlide™ Hair Removal	___ Laser Lipolysis NEW!	___ Post Bariatric Surgery	

Visit www.mjdp.com for a complete list of all our Procedure Brochures.

TERMS:

- All orders are prepaid: AMX, Visa, MC, or by check.
- Allow 10 days after typeset approval for delivery by ground shipping.
- No changes will be made once order has gone to production.
- No refunds or exchanges.

_____ Total packages at \$_____ each \$_____

Other: _____ \$_____

Other: _____ \$_____

Add S&H (8% UPS Ground, 13% 2nd Day, 22% Overnight, 23% plus International) \$_____

Changes to your brochure back?

Yes _____ No _____ Fold only _____

Maryland Offices: Please add 6% Sales Tax \$_____

TOTAL COST \$_____

By my signature below, I acknowledge that all MJD Patient Communications product content is copyrighted. Unauthorized use includes, but is not limited to photocopying, digital dissemination and internet use. I hereby agree that any violation of this Agreement will constitute willful infringement and subject any doctor and/or company on whose behalf I am acting, to the remedies under 17 U.S.C. §504(c)(2) and §505 and that the U.S. District Court for the District of Maryland shall have proper venue and jurisdiction over such action.

Name: _____ Practice: _____ Specialty: _____

Address: _____ Website: _____

City: _____ State: _____ Zip: _____ Today's Date: _____

Phone: _____ Fax: _____ Email: _____

Credit Card #: _____ Exp. Date: _____ Use this card for future orders: Yes No

Name on Credit Card: _____

Cardholder Signature: _____ Date: _____