

MJD Procedure Brochures

Order Form

MJD Patient Communications • 7910 Woodmont Avenue, Suite 1105 • 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 8 assorted packs.

- 8 - 10 packs: \$49.50 per pack / 99¢ per brochure
- 11 - 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	___ Dysport® and Fillers	___ Laser Lipolysis	___ Radiesse™
___ Aesthetic Laser Treatments	___ Dysport® or Botox®	___ Laser Skin Resurfacing	___ Restylane®
___ Ageless Beauty	___ Erbium Laser Skin Resurfacing	___ Laser Spider Vein Therapy	___ Restylane®/Perlane®
___ Aging Skin Treatments	___ Exilis® NEW!	___ Laser Toning™	___ Reveal® Imager NEW!
___ Beautiful Skin™	___ Eyelid Surgery	___ LightSheer®	___ S-Lift
___ BlueLight Phototherapy	___ Eyelid Surgery - Laser	___ Lip Augmentation	___ Scar & Stretch Mark
___ Botox® Cosmetic (Green Cover)	___ Facelift	___ Lipodissolve	___ Sclerotherapy
___ Botox® Cosmetic (Blue Cover)	___ Facial Liposuction	___ LipoSelection SM by Vaser®	___ Sculptra™
___ Botox® & Juvéderm®	___ Facial Scar Treatments	___ Liposuction - <i>Timescent</i>	___ Silhouette Lift®
___ Botox® & Restylane®	___ Facial Vein Treatments	___ Liposuction for Men	___ Silicone Injections
___ Breast Augmentation	___ Fat Transfer	___ Lower Body Lift	___ Skin Cancer
___ Breast Aug. - Minimal Incision	___ FotoFacial RF SM	___ Lunchtime Facial Rejuv.	___ Skin Cancer - MOHS
___ Breast Aug-Transumbilical	___ Fractional Repair	___ Lunchtime Makeover	___ SmartLipo™
___ Breast Lift	___ Fractional Skin Resurfacing	___ Male Breast Reduction	___ Spot Removal
___ Breast LipoReduction	___ Fraxel™	___ Microdermabrasion	___ Tattoo Removal
___ Breast Reconstruction	___ GentleWaves™	___ Microdermabrasion II (3 Faces)	___ Thermage™
___ Breast Reduction	___ Hair Transplantation	___ MicroLaserPeel	___ Tissue Tightening
___ Breast Surgery	___ Hand Rejuvenation	___ Midface Lift	___ Titan™ Tissue Tightening
___ Browlift	___ IPL Hair Removal	___ Minimal-Incision Facial Surg.	___ Tummy Tuck
___ Browlift - Minimal Incision	___ IPL Leg Vein Treatments	___ Mommy Makeover	___ UltraPulse® Laser
___ Buttock Augmentation	___ IPL Photo Facial Rejuv.	___ Neck Rejuvenation	___ Ultrasonically Assist. Lipo.
___ Cataracts <i>No-Stitch</i>	___ IPL Treatments	___ Nose Surgery - <i>Rhinoplasty</i>	___ Vbeam®
___ Cellulite Treatments	___ Juvéderm™	___ PDT/PhotoDynamic Therapy	___ Varicose Vein Treatments
___ Chemical Peels	___ Labiaplasty NEW!	___ Permanent Make-Up	___ Vectra® 3D
___ Chin & Cheek Implants	___ Laser Hair Removal	___ Photo Rejuvenation	___ Visia®
___ CoolGlide™ Hair Removal	___ Laser Hair Removal for Men	___ Portrait® NEW!	___ Wrinkle Fillers
___ CoolSculpting™	___ Laser Hair Removal <i>Men/Women</i>	___ Post Bariatric Surgery	_____
___ DownAging	___ Laser Hair Rmvl <i>Men/Women II NEW!</i>	___ Power Peel®	_____
___ Dysport®	___ Laser Hair Removal for Women	___ Pretty Feet NEW!	_____

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.

Changes to your brochure back?

Yes _____ No _____ Fold only _____

_____ Total packages at \$_____ each \$_____

Other: _____ \$_____

Other: _____ \$_____

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

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

TOTAL COST \$_____

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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: _____