

# MJD Patient Communications Dental Procedure Brochures Order Form

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

Each package contains 50 brochures. Our minimum order is 8 packages. You may mix packages for volume pricing.  
We offer back panel typesetting for \$60.00. We keep your back panel in our files for future imprinting on all orders!

- 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

\_\_\_\_\_ Beautiful Smiles  
\_\_\_\_\_ Braces  
\_\_\_\_\_ Bridges  
\_\_\_\_\_ Caps & Crowns  
\_\_\_\_\_ Fillings  
\_\_\_\_\_ Implants  
\_\_\_\_\_ Veneers  
\_\_\_\_\_ Dentures  
\_\_\_\_\_ Tooth Bonding  
\_\_\_\_\_ Tooth Contouring  
\_\_\_\_\_ Tooth Whitening

## # Packs Brochure Title

\_\_\_\_\_ American Academy of Facial Cosmetics\*

*\*This brochure requires proof of membership.*

### TERMS:

- All orders are prepaid: AMX, Visa, MC, or by check.
- Allow 2 weeks after typeset approval for delivery by regular shipping.
- No refunds on imprinted orders.
- No changes will be made once order has gone to production.
- This order form must be signed to process your order.

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.

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code #: \_\_\_\_\_ *Use this card for future orders?* Yes No

Name on Credit Card: \_\_\_\_\_ Authorization Signature: X \_\_\_\_\_

## **ORDER HERE**

\_\_\_\_\_ Total Brochure Packages at \$ \_\_\_\_\_ per pack \$ \_\_\_\_\_

*First order set-up fees:* \$60.00 typeset including photo, map or logo \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Add Shipping & Handling

*(8% Regular UPS Ground, 13% 2nd Day Air, 22% Overnight, 23% plus International)* \$ \_\_\_\_\_

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

**TOTAL COST \$ \_\_\_\_\_**

Any changes to your brochure back? CK ONE:

Yes \_\_\_\_\_ No \_\_\_\_\_ Fold only \_\_\_\_\_

Name: \_\_\_\_\_ Practice: \_\_\_\_\_ Specialty: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Check Enclosed? \_\_\_\_\_