

MJD PRESTIGE Procedure Brochures

Order Form

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

Our Prestige line allows you to make each brochure “uniquely yours” by selecting the procedure, the style, the cover picture and cover color. Your COLOR BACK PANEL features information about the doctor, procedures performed, services and products offered as well as all contact information including your website address. MJD will keep your Unique Design on file for future orders.

To view styles, colors and photos, please refer to our Prestige Brochures product sheet or visit www.mjdpc.com.
To place your order, please FAX this completed form to MJD. A representative will contact you to discuss your back panel.

10 - 19 packs: \$139.00 per pack • 20 - 29 packs: \$129.00 per pack • 30 - 49 packs: \$119.00 per pack • 50+ packs: \$109.00 per pack
Our minimum order is ten assorted packages. Each package contains 100 brochures.

Item	Quantity	Brochure Title/Procedure	Cover Style#	Cover Color#	Photo#
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
		= TOTAL BROCHURES IN THIS ORDER			

TERMS:

- All orders are prepaid: AMX, Visa, MC, or by check.
- Allow 2 weeks after typeset approval for delivery by ground shipping.
- No changes will be made once order has gone to production.
- No refunds or exchanges.

_____ Total Brochure Packages at \$_____ each \$_____

Other: _____ \$_____

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

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

Changes to your brochure back?
Yes _____ No _____ Fold only _____

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: _____