

New Client Information Recall Postcards



Instructions:

1. Fill in fields online. Print. Fax completed form to 262-547-3736.
2. Check box next to the information if you want it printed on the postcard, leave unchecked if you don't.
3. To print logo, send a high resolution, (vector-based EPS file preferred) file to linda@koenigs.com.
4. Select ONE Recall Program option.

Practice Name: _____

Practice Dr. Name(s): _____

Contact Person: _____

Contact Person E-mail: _____

Practice Management Software: _____

Phone: _____

Fax: _____

E-mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Logo (e-mail to linda@koenigs.com)

Select ONE option:

Standard Recall Program - Collection 1 Photographs

Standard Recall Program - Collection 2 Photographs

Deluxe Recall Program (create your own messages and/or use any photos from gallery)

View photo gallery online: www.visionaryresources.com