

1 Compliments of:

YOUR NAME

PERIODONTICS & IMPLANT DENTISTRY

9000 South Main
Maryland, MD 29292

Phone: (111) 888-5555 Fax: (111) 888-5551

Thank you for your referrals!

2 Compliments of:

YOUR NAME HERE

Diplomate, American Board of Endodontics
Practice Limited To Endodontics

5500 Southeast Ave Phone: (111) 888-5555
Idaho, ID 29223 Fax (111) 888-5551

Thank you for your referrals!

3 Compliments of:




Oral and Maxillofacial Surgery
YOUR NAME, D.D.S.

Street Address
City, State, & Zipcode

Phone: (000) 555-5555 Fax: (000) 555-5551

Thank you for your referrals!

4 Compliments of:



ORAL & FACIAL SURGERY CENTER
DR. YOUR NAME & STAFF

Street Address
City, State, & Zipcode
Phone / Fax

Thank you for your referrals!

5 Compliments of:

YOUR LOGO & NAME HERE

YOUR SPECIALTY HERE

City, State, & Zipcode
Phone: (000) 555-5555 • Fax: (000) 555-5551

Thank you for your referrals!

6 Compliments of:

**YOUR LOGO
HERE**

YOUR NAME HERE
Specialty

Street Address
City, State, & Zip
(000) 555-5555

Thank you for your referrals!

LAYOUT

Choose 1 of the six sample layouts _____ above, Indicate number (1-6)

Choose to have your business card duplicated *

* Indicate the method in which you will be sending your business card

- 1) Scanning and sending via email _____
- 2) Envelope and mailing _____
- 3) Photocopying and faxing _____

CUSTOMIZE

Include your own logo? YES NO

*Indicate the method in which you will be sending us your logo.

- _____ 1.) Scanning and sending via email
- _____ 2.) Putting it in an envelope and mailing

FONT

Choose a font:

- ARIAL (arial)
- AVANTGARDE (avantgarde)
- GILL SANS (gill sans)
- IMPRESS BT
- TIMES NEW ROMAN (times new roman)

Your Font

If you would like us to use your font, please indicate the name here. If we do not have it, you will be asked to provide a True Type font file. If you will not be able to provide a font file, please make a 2nd choice from the list provided.

THANK YOU

Choose a "Thank You" to appear on the bottom of your bookplate label:

- Thank you for your referrals!
- Thank you for your support and confidence!
- Thank you for your confidence in our office!
- Other _____