

Order Form

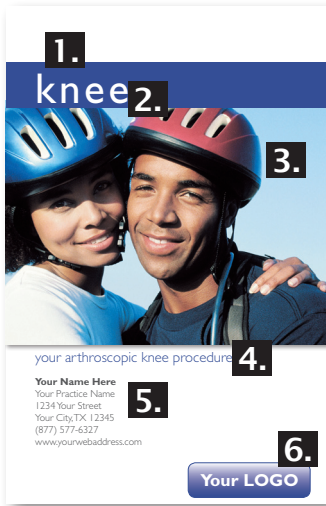
Please fill out the following form and fax to us at 501-907-0656. Once we receive your order form, your pieces will arrive within 7-10 business days.

Please Note: *There is a \$19.00 shipping and handling fee added to each order.*



From top to bottom you can make these pieces your own by changing:

1. accent color
2. title
3. cover image
4. sub-title
5. contact information
6. add your logo



Please check box to the left if you would like a MD2P representative to contact you for additional customization to your order.

Customization Information

The information will appear exactly as entered below in the customized area of each document. Please print clearly and fill in all blanks.

Physician Name: _____

Facility Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone #: _____

Web Address: _____

Email Address: _____

Shipping Information

Check here if same as customization information
Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone #: _____

Billing Information

Check here if same as customization information
 Check here if same as shipping information

Cardholder Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Card Type (check one):

Visa American Express Mastercard Discover

Credit card #: _____

Expiration Date: ____/____/____

A MD2P.net representative will contact you to confirm your Credit Card information and provide the total cost for your order.

topics	leaflets .56 each 100 minimum	consult pads \$20.00 per 50 pg. pad	brochures \$3.25 each 50 minimum	id cards \$2.50 each 25 minimum
chiropractic	<input type="checkbox"/> hyperflexion <input type="checkbox"/> hyperextension <input type="checkbox"/> whiplash <input type="checkbox"/> arthritis <input type="checkbox"/> muscle injury <input type="checkbox"/> ligament damage <input type="checkbox"/> spinal cord injury	<input type="checkbox"/> anatomy <input type="checkbox"/> cervical anatomy <input type="checkbox"/> whiplash	<input type="checkbox"/> basics on chiropractic <input type="checkbox"/> common spinal conditions	
spine	<input type="checkbox"/> anatomy <input type="checkbox"/> cervical fusion <input type="checkbox"/> common injuries <input type="checkbox"/> spinal fusion procedure <input type="checkbox"/> lumbar fusion <input type="checkbox"/> vertebroplasty <input type="checkbox"/> degenerative disc disease <input type="checkbox"/> sacroiliac joint syndrome	<input type="checkbox"/> anatomy <input type="checkbox"/> vertebroplasty <input type="checkbox"/> common injuries <input type="checkbox"/> sacroiliac joint	<input type="checkbox"/> vertebroplasty <input type="checkbox"/> spinal fusion procedure <input type="checkbox"/> sacroiliac joint syndrome	<input type="checkbox"/> lumbar fusion <input type="checkbox"/> cervical fusion
hip	<input type="checkbox"/> anatomy <input type="checkbox"/> arthritis <input type="checkbox"/> arthroscopy <input type="checkbox"/> labral tear <input type="checkbox"/> loose bodies <input type="checkbox"/> impingement <input type="checkbox"/> replacement <input type="checkbox"/> articular cartilage	<input type="checkbox"/> arthroscopy <input type="checkbox"/> orthopedic	<input type="checkbox"/> arthroscopy <input type="checkbox"/> replacement	<input type="checkbox"/> metallic implant
shoulder	<input type="checkbox"/> anatomy <input type="checkbox"/> arthritis <input type="checkbox"/> arthroscopy <input type="checkbox"/> instability <input type="checkbox"/> replacment <input type="checkbox"/> rotator cuff tear	<input type="checkbox"/> arthroscopy <input type="checkbox"/> orthopedic	<input type="checkbox"/> arthroscopy <input type="checkbox"/> replacement	<input type="checkbox"/> metallic implant
foot & ankle	<input type="checkbox"/> anatomy <input type="checkbox"/> bunions <input type="checkbox"/> heel spurs <input type="checkbox"/> hammer toe <input type="checkbox"/> stress fracture <input type="checkbox"/> charcot foot <input type="checkbox"/> metatarsalgia <input type="checkbox"/> sesamoiditis	<input type="checkbox"/> anatomy	<input type="checkbox"/> common conditions	
elbow	<input type="checkbox"/> anatomy <input type="checkbox"/> bursitis <input type="checkbox"/> arthroplasty <input type="checkbox"/> tennis elbow <input type="checkbox"/> arthritis <input type="checkbox"/> biceps tendon tear	<input type="checkbox"/> anatomy	<input type="checkbox"/> common conditions	<input type="checkbox"/> metallic implant
hand & wrist	<input type="checkbox"/> anatomy <input type="checkbox"/> carpal tunnel syndrome <input type="checkbox"/> TFCC injury <input type="checkbox"/> arthroscopy	<input type="checkbox"/> anatomy	<input type="checkbox"/> common conditions	
knee	<input type="checkbox"/> anatomy <input type="checkbox"/> arthritis <input type="checkbox"/> arthroscopy <input type="checkbox"/> meniscus tear <input type="checkbox"/> ACL <input type="checkbox"/> replacement	<input type="checkbox"/> arthroscopy <input type="checkbox"/> orthopedic	<input type="checkbox"/> arthroscopy <input type="checkbox"/> replacement	<input type="checkbox"/> metallic implant
general health	<input type="checkbox"/> diabetes <input type="checkbox"/> flu <input type="checkbox"/> depression <input type="checkbox"/> smoking <input type="checkbox"/> bone health			

Please select an accent color:

If you would like to use a custom color, please enter the hex# here _____.

Otherwise, please choose one of the options below:

