

MJD Patient Communications Spanish and French Order Form

The Patient-Friendly™ Company

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Procedure Brochures in Spanish and French (EUR)

- Our brochures feature actual *before & after photographs* and a *full custom back panel* about your practice.
- You may send us your camera-ready artwork to fit within a 3" x 8" space, which we will imprint on the back panel *free of charge*. We also offer an on-site *typesetting service*. For a one-time \$60.00 fee, we will typeset up to 150 words of your choice. MJD will typeset your text exactly as written. All back panels print in black & white. We are not responsible for grammatical errors in languages other than English. You can include a photo, logo or map for \$50.00 per item. We keep your custom back panel in our files for *free imprinting* on all future orders!
- *Our minimum order is ten assorted packages*. Each package contains 100 brochures. *All brochures are subject to text & photo changes without notice.*
- *For samples, visit www.mjdpc.com.*

PRICES

Packages with the same back panel may be mixed for quantity pricing as follows:

5 - 9 packs: \$99.00 per pack • 10 - 19 packs: \$89.00 per pack • 20 - 29 packs: \$79.00 per pack • 30 + packs: \$69.00 per pack

Packs Brochure Title - Spanish

_____ Aesthetic Laser Treatments - *SPANISH*
_____ Body Sculpting - *Tumescent Technique - SPANISH*
_____ Botox® - *SPANISH*
_____ Breast Augmentation - *SPANISH*
_____ Chemical Peels - *SPANISH*
_____ Collagen & Soft ePTFE Implants - *SPANISH*
_____ Endermologie™ *Cellulite Treatments - SPANISH*
_____ ERBIUM Laser Skin Resurfacing - *SPANISH*
_____ Laser Hair Removal - *SPANISH*
_____ Laser Skin Resurfacing - *SPANISH*
_____ Laser Spider Vein Therapy - *SPANISH*
_____ LightSheer® - *SPANISH*
_____ Permanent Make-up - *SPANISH*
_____ Power Peel® *Micro-Dermabrasion - SPANISH*
_____ Sclerotherapy - *SPANISH*
_____ Tummy Tuck- *Abdominoplasty - SPANISH*

Packs Brochure Title - French (EUR)

_____ Botox® - *FRENCH*
_____ Breast Augmentation - *FRENCH*
_____ Breast Lift - *FRENCH*
_____ Breast Liposuction - *FRENCH*
_____ Breast Reduction - *FRENCH*
_____ Eyelid Surgery - *FRENCH*
_____ Facelift - *FRENCH*
_____ Fat Transfer - *FRENCH*
_____ Lipolysis - *FRENCH*
_____ Liposuction - *FRENCH*
_____ Liposuction for Men - *FRENCH*
_____ Liposuction of the Stomach - *FRENCH*
_____ Male Breast Reduction - *FRENCH*
_____ Nose Surgery - *FRENCH*
_____ Penile Implants - *FRENCH*
_____ Post Bariatric Surgery - *FRENCH*
_____ Tummy Tuck - *Abdominoplasty - FRENCH*

ORDER HERE

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

First order set-up fees: \$60.00 typeset, \$50.00 for each photo, map or logo \$ _____

Other _____ \$ _____

Add Shipping & Handling

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

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

TOTAL COST \$ _____

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.

Name: _____ Practice: _____ Specialty: _____

Shipping Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____ Today's Date: _____ Check Enclosed? _____

Credit Card #: _____ Exp. Date: _____ Use this card for future orders? Yes No

Name on Credit Card: _____ Authorization Signature: X _____

Effective 5/09/08