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**CLINICAL COPD PATHWAY BROCHURE
ORDER FORM**

COPD Pathway Brochures make excellent marketing tools to assist your referral sources in seeing the value of using the pathway with their COPD patients. Please complete this form and return FAX to 806-792-4499 or call 1-800-825-5633 and we will be happy to assist you. Make note that we will need your company logo and information when you place an order – Please email art to gballesteros@medgroup.com. A proof copy will be sent to you for final approval before printing. (PLEASE PRINT LEGIBLY)

Order Date:		MED Member Number:	
		*Purchase Order Number:	

(*orders can not be processed without PO#)

Name: (Authorized Purchaser):	Company Name:
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Bill To:	Ship To:
Attention:	Attention:
Company Name:	Company Name:
Mailing Address:	Shipping Address:
City, ST Zip:	City, ST Zip:
Phone: Ext.	Phone: Ext.
Fax:	Fax:
e-mail address:	e-mail address:

ORDER INFORMATION – PLEASE NOTE QUANTITY ORDERED

***FAX CLINICAL COPD PATHWAY BROCHURE ORDERS TO 806-792-4499**

BUNDLE (S) OF 25 BROCHURES	COPD PATHWAY BROCHURES	\$25.00 FOR 25 BROCHURES
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****** 25 Piece MIN. Order. *** \$50 Design Fee for first order. Brochures are 6 pages.
Brochures are cardstock, printed in full color with your logo and information.**

Use my MED Reward Program Points for 50 Brochures.

100 Points _____

Sub Total \$ _____

Plus S & H \$ _____

TOTAL \$ _____

*****ALL ORDERS SHIPPED VIA UPS GROUND*****

Please add \$10.00 to shipping cost for shipments to Alaska, Puerto Rico or Hawaii.

Please allow 7 -10 business days for delivery of your custom COPD Brochures.

Customer Signature _____

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PROOF RELEASE

This section is to be completed by the customer at the time proof copy is sent for final approval.

Please tell us which logo you would like to use.

Either e-mail (gballesteros@medgroup.com) or call (1-800-825-5633) to see if we have a logo on file.

Once the artwork is placed, a proof will be sent to you for approval. Your signature is necessary to begin printing.

CLINICAL COPD PATHWAY BROCHURE PROOF RELEASE

We are not able to print this publication until this form is signed and faxed to (806) 793-6480.

PLEASE ASSIST THIS PROCESS BY MAKING SURE YOUR ORDER IS PERFECT - DOUBLE CHECK, SPELLING, ADDRESSES, AND PHONE NUMBERS! YOUR SIGNATURE IS REQUIRED AND SERVES AS THE PRINT RELEASE. Thank you for your assistance

- As is
 Please send me a corrected proof

Signature:

Date:

THANK YOU FOR YOUR ORDER! Order other MED products from www.medgroupstore.com



CORPORATE HEADQUARTERS

3223 S. Loop 289, Suite 600 Lubbock, TX 79423 (800) 825-5633 Fax (806)793-6480