

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.zieglervm.com