

Order Form (Form A)



Please complete attached Form B and C, if applicable.

Practice Name _____
 Contact _____
 Address _____
 City _____ Prov _____ Postal Code _____
 Phone _____ Fax _____
 E-mail _____

We will send your proofs to your email address. You will sign off on the final proofs before they are printed or used.

| Cards Ordered: | Card Volume | Price** |
|--|-------------|---------|
| <input type="checkbox"/> Card # _____ from customrecall.com | _____ | _____ |
| <input type="checkbox"/> Emailed my photo/image for card to info@customrecall.com | _____ | _____ |
| <input type="checkbox"/> Business/Appointment # _____ | _____ | _____ |
| <input type="checkbox"/> Business/Appointment Cards. Emailed my photo to info@customrecall.com | _____ | _____ |
| Other _____ | | |

**In addition, shipping and applicable tax will be added when applicable.

Items emailed to info@customrecall.com: Image Picture Logo Signature Map Other _____

Please indicate below how you would like us to send your appointment reminders by:

- Print, address and mail by card * Send by customized HTML email notice *
 Send by customized text message * Send by natural phone message *

* Email reminders are Free, if combined with Appointment Reminder Mailing Service.

| | | |
|--|---|---|
| <p>Delivery:</p> <p><input type="checkbox"/> Please ship my cards to me <input type="checkbox"/> Shipping address as above <input type="checkbox"/> or _____ _____ _____ _____ _____</p> <p>Ship by <input type="checkbox"/> UPS Ground <input type="checkbox"/> Quickest</p> | <p>Appointment Reminder Mailing Service</p> <p>Hold on to my recall cards and mail them to my patients for me as required.</p> <p><input type="checkbox"/> \$0.69 per card addressed and mailed (no return to sender service) + cards designed & printed for \$0.11 each (2,500 cards for \$275.00), or</p> <p><input type="checkbox"/> \$0.72 per card addressed & mailed (with return to sender service) + 2500 cards for \$275.00</p> <p>Complete Form B attached.</p> <p><input type="checkbox"/> Also, send reminders for Free by email as part of reminder mailing service. - Complete Form C for email reminders</p> | <p>Appointment Reminders by email, text or phone</p> <p><input type="checkbox"/> Silver Plan: \$99 per month (up to 500 appointment reminders sent per month) <input type="checkbox"/> Gold Plan: \$149 per month (up to 750 appointment reminders sent per month) <input type="checkbox"/> Platinum Plan: \$199 per month (up to 1,000 appointment reminders sent per month)</p> <p style="text-align: center;">Complete Form C attached.</p> |
|--|---|---|

Payment: VISA / MASTERCARD no. _____ Expiry _____

Name on card: _____ Signature _____ INVOICE ME.

Terms and Conditions: It is the client's sole responsibility to proof read copy for errors. The client agrees to accept delivery of material which matches the content of the signed proof. If a third party shipper is responsible for lateness of or damage to the shipment, Custom Recall will not be responsible for damages resulting therefrom. Postal services are responsible for delivery of your mail. Custom Recall will not be responsible if Postal Services do not deliver the mail or deliver the mail on time. Because products are custom designed for each customer, all sales are final and returns are not allowed. **I have read and agree to the Terms and Conditions listed, and wish to place an order.** Personal Guarantee: I/we, the undersigned, jointly and personally guarantee to pay any debt outstanding to Custom Recall Inc.

Your Name _____

Signed _____ Date _____

Form C: Design Instructions for Reminders or Notices by Email, Text or Phone



I want (choose any or all) Text Reminders Email Reminders Telephone Reminders

Below, please give design instructions for text, email or phones reminders. We will email you design proofs, and you may make changes to same until the design proofs are approved by your office. We can only send text, email or phones reminders to patients who have their cell phone number, email address or phones number in your data file.

TEXT REMINDERS BY PATIENT NAME:

Please enter the message you would like to use for your text appointment recall or reminder notice.

Example: Hi (Patient Name); A reminder from (Practice Name) that it's time to schedule your appointment. Please give us a call at (Practice Phone Number). Maximum number of characters is 155.

EMAIL REMINDERS BY PATIENT NAME:

We will design a custom email template exclusively for your practice, personalized with your practice information (address, phone, email, website, etc.). Please enter the message you would like to use for your email appointment recall or reminder notice.

Example: Dear (Patient Name); A reminder from (Practice Name) that it's time to schedule your appointment. Please give us a call at (Practice Phone Number) to schedule your appointment.

TELEPHONE REMINDERS BY PATIENT NAME:

Live Pickup. Please enter the message you would like to use for your telephone appointment recall or reminder notice. **Example:** Hello, this is an appointment reminder for (Patient Name) from (Practice Name). Our records show that you are due for an eye exam. Please contact us at (Phone Number) to arrange an appointment. Thank you.

ANSWERING MACHINE

Example: Hello, this is a message for (Patient Name) from (Practice Name). Our records show that you are due for an eye exam. Please contact us at (Phone Number) to arrange an appointment. Thank you.
