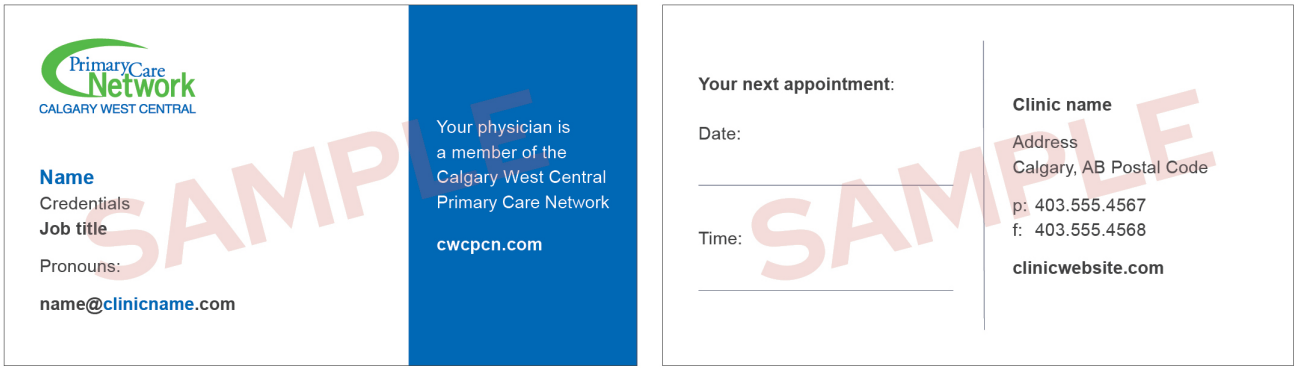
Business card order form

PHYSICIAN

Note: Cards are ordered in batches on the 15th of every month but may be delayed until the order is of sufficient size to be cost effective.

☐ **Appointment cards**



Only completed fields will appear on your cards.

Physician name: _____ **Credentials**: _____

Pronouns: ☐ She/her/hers ☐ He/him/his ☐ They/them/theirs ☐ Other: _____

☐ **Do not** include Pronouns on my cards

Title: _____ **Email**: _____

Clinic name: _____ **Clinic website**: _____

If a clinic name is provided, we will include the address.

Clinic phone number: _____ **Clinic fax number**: _____

Quantity: ☐ **100** ☐ **500**

Please email the completed form to: memberservices@cwcpcn.com.