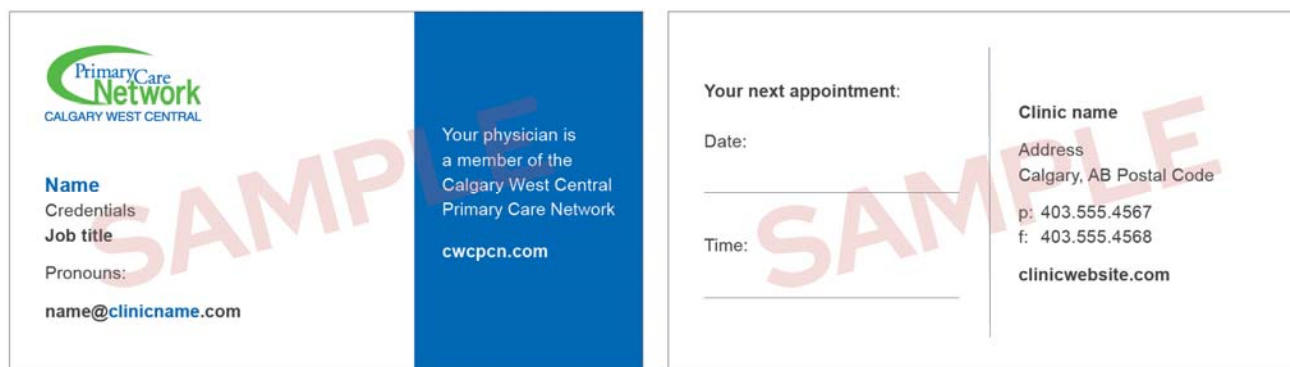


Business card order form

PHYSICIAN

Note: Cards are ordered in batches on the 15th of every month.

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 **fax** to **403.258.2746** or **email** memberservices@cwpcn.com.