

**FREE Prescription Pads**

SECURE...Tamper-Resistant  
State and Medicare Compliant

**8 FREE PADS**  
**1 Part (100/Per Pad)**  
**Buy 8 Pads...Get 8 FREE**

**Medical Office**  
Any Specialty  
00-000 Anystreet, City 000 000  
Tel. 000-000-0000

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. \_\_\_\_\_

**R<sub>x</sub>**     No Substitute  
                   Generic O.K.

Dr. \_\_\_\_\_    Non-Repeat \_\_\_\_\_  
Repeat 1 2 3 4 6  
Dr. To Reorder Call Forms Hotline

**LOGO**

**Medical Center**  
Any Specialty  
00-000 Anystreet, City 000 000  
Tel. 000-000-0000

Name \_\_\_\_\_  
Office Hours \_\_\_\_\_

HAS AN APPOINTMENT

FOR

MON. \_\_\_\_\_ AT \_\_\_\_\_  
TUES. \_\_\_\_\_ AT \_\_\_\_\_  
WED. \_\_\_\_\_ AT \_\_\_\_\_  
THURS. \_\_\_\_\_ AT \_\_\_\_\_  
FRI. \_\_\_\_\_ AT \_\_\_\_\_  
SAT. \_\_\_\_\_ AT \_\_\_\_\_

IF UNABLE TO KEEP THIS APPOINTMENT  
KINDLY GIVE 24 HOURS NOTICE.

**Medical & Dental Cards**

Front: **Business Card**  
Back: **Appointment Card**