

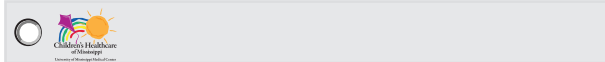
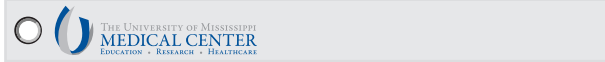
Appointment Card Information Form

Please type your information into the fields below. E-mail the completed form to PrintingOrders@umc.edu to place your order.

This form must be accompanied by a Work Order—Printing form.

Refer to the *Customer Guide* at umc.edu/printing for explanation of the options available. Please verify all information before submitting the order. Additional proofs may incur a fee.

① Choose the appointment card type



② Enter appointment card information

Physician's Name (optional): _____

Physician's Location: _____

Phone: _____

② Type the following information under the headings listed below on the Work Order—Printing

1. **DESCRIPTION:** *First Line:* Appointment Card, *Second Line:* Order department or location
2. **COLOR OF PAPER:** White
3. **PAPER STOCK:** 80 lb. cover
4. **FINISHED SIZE:** 2" x 3.5"
5. **INK COLOR:** UMMC cards are black and UMMC blue. Children's Healthcare cards are 4 color.
6. **OTHER:** Print both sides