








Letterhead 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 or the *Letterhead Guide* at Brand Central for explanation of the styles and options available. Please verify all information before submitting the order. Additional proofs may incur a fee.

- ① Select the letterhead type ② Choose template option for your letterhead type.

	Template 1	Template 2		Template 1	Template 2
<input type="radio"/> 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> University Neurosciences	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> University Orthopaedics	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> University Sports Medicine	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> University Comprehensive Stroke Center	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> University Transplant	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> University Women's Care	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 	<input type="radio"/>	<input type="radio"/>			

③ Enter letterhead information

Name (optional): _____

Title (optional): _____

Location Name/Department/Specialty (optional): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Mandatory for correspondence to physicians and patients:

Referrals: 866.UMC.DOCS Clinic: _____

New Patient Appointments: 888.815.2005

Phone (optional): _____ Fax (optional): _____

E-mail (optional): _____

Web site (choose one): umc.edu ummhealth.com ummhealth.com/childrens

④ Type the following information under the headings listed below on the Work Order—Printing

1. **DESCRIPTION:** Letterhead
2. **COLOR OF PAPER:** White
3. **PAPER STOCK:** 80 lb. letterhead
4. **FINISHED SIZE:** 8.5" x 11"
5. **INK COLOR:** Children's Healthcare letterhead is 4 color. All others are black and UMMC blue.