

Macon & Joan Brock Virginia Health Sciences at Old Dominion University  
**Medical Group Business Card Order Form**

Please Fill out electronically. If using Acrobat Reader, you must print out the form once you have filled it out. You will not be able to save the form with the added information.  
 Credentials should be listed in the following way: MD, DO and MBBS do not include periods. All other degrees should include periods. (Ex. Ph.D.; M.P.A.; M.B.A.)  
 Do not use periods with honors, credentials or certifications (Ex. FACS; APR; FAHRMM)

Practice Name: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Requested Delivery: \_\_\_\_\_ Quantity: \_\_\_\_\_

Email/Fax Proof To: \_\_\_\_\_

Deliver to Name: \_\_\_\_\_ Room and Building: \_\_\_\_\_

**Card Design:** (Check One) Card A  Card B  Card C  Card D  Card E  Appointment Back (optional)

**CARD INFORMATION:**

Name & Credentials: \_\_\_\_\_

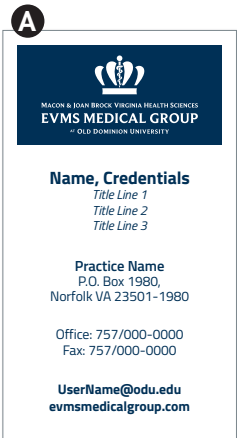
Title: \_\_\_\_\_

Department: \_\_\_\_\_

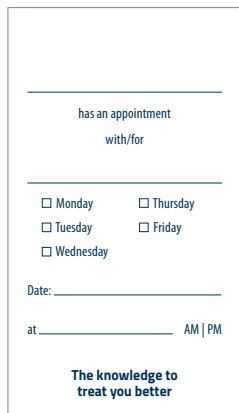
Location/Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

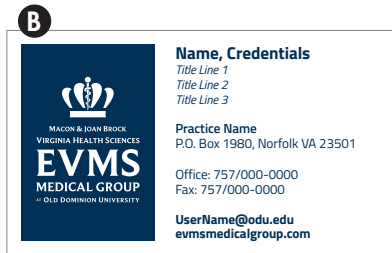
Email Address: \_\_\_\_\_



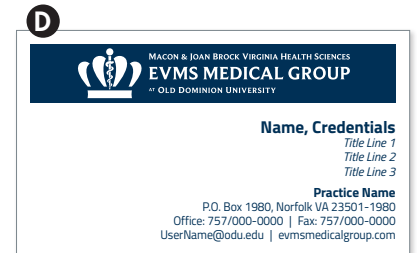
Vertical, 1-color



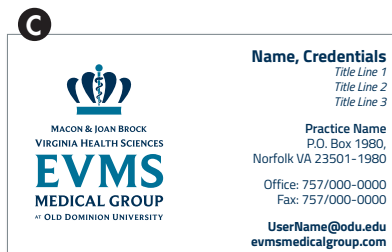
Appointment Back (optional)



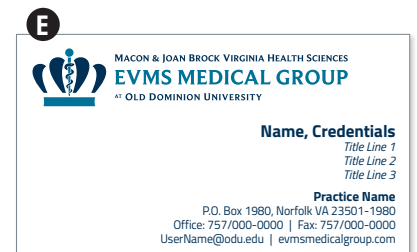
Horizontal, version one, 1-color



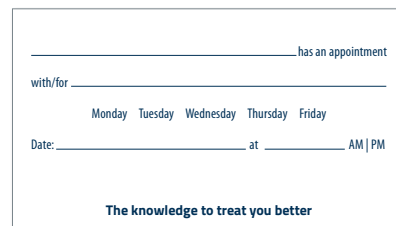
Horizontal, version two, 1-color



Horizontal, version one, 2-color



Horizontal, version two, 2-color



Appointment Back (optional)