

Appointment Card Information Form

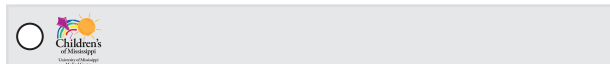
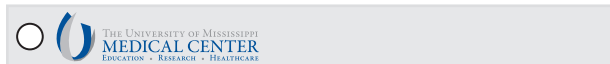
Please type your information and save this form. E-mail the completed form to PrintingOrders@umc.edu.

This form must be accompanied by a [Work Order—Printing form](#).

Refer to the [Customer Guide](#) at umc.edu/printing for explanation of the styles and 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:** Appointment Card, Ordering department or location
2. **COLOR OF PAPER:** White
3. **PAPER STOCK:** 80 lb. cover
4. **FINISHED SIZE:** 2" x 3 ½"
5. **INK COLOR:** UMMC cards are Black and UMMC blue. Children's are 4 color process.
6. **OTHER:** Print both sides