

Marketing Material Order Form

Please email completed form to orders@crhmedcorp.com or fax to 866.477.5386

NOTE: All patient and physician materials listed are free of charge.

Please allow at least 5-7 business days for delivery

1) PRACTICE NAME: _____

2) Physician's Name: _____

3) Order Contact Name: _____ Email: _____

SHIP TO ADDRESS: _____

City _____ State _____ Zip Code _____

TELEPHONE: _____ EXT: _____ FAX: _____

Patient Education Materials

DESCRIPTION	QTY
Website Profile – YES please add our practice to your crhsystem.com website Sample can be viewed at: www.crhsystem.com	Yes _____
Consumer Brochure {bi-fold, 25 per package}	# of pkgs
Tear-Off Pad {Post Colonoscopy/Hemorrhoid Diagnosis Sheet, 25 sheets per pad}	# of pkgs
Small Plastic Table Tents {please indicate qty and type needed}	Bike seat x _____ Ointment x _____
Large Plastic Table Tents with Attached Brochure Holder (includes 50 brochures) 10"x12" {please indicate qty and type needed}	Bike seat x _____ Ointment x _____
Brochure Holders (includes 50 brochures) {please indicate total qty needed}	
Laminated Wall Chart -12"x18" portrait {please indicate qty and type needed}	Bike seat x _____ Ointment x _____
Laminated Discussion Diagram - 8.5"x11" landscape {please indicate total qty needed}	

Physician Education Materials

DESCRIPTION	QTY
Dr. Iain Cleator Hemorrhoid Banding Report {25 per package}	# of pkgs
Referring Physician Material - Tear-Off Pad {25 per package}	# of pkgs