

FAX ORDER FORM FOR PRINTING



Toll Free Fax: 1-800-663-0395

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183 Simcoe Ave., Keswick, ON L4P 3S7

BUSINESS CARDS

Style # _____ Colour _____ 1 sided 2 sided
Name _____ Degree _____
Specialty _____ Clinic Name _____
Street # _____ Street Address _____ Suite# _____
City/Town _____ Province _____ Postal Code _____
Phone# _____ Toll Free Phone# _____
Fax# _____ Toll Free Fax# _____
Email _____ Web _____

APPOINTMENT CARDS

Style # _____ Colour _____ 1 sided 2 sided
Name _____ Degree _____
Specialty _____ Clinic Name _____
Street # _____ Street Address _____ Suite# _____
City/Town _____ Province _____ Postal Code _____
Phone# _____ Toll Free Phone# _____
Fax# _____ Toll Free Fax# _____
Email _____ Web _____

LETTERHEAD

Style # _____ Ink Colour _____
Name _____ Degree _____
Specialty _____ Clinic Name _____
Street # _____ Street Address _____ Suite# _____
City/Town _____ Province _____ Postal Code _____
Phone# _____ Toll Free Phone# _____
Fax# _____ Toll Free Fax# _____
Email _____ Web _____

ENVELOPES

Style # _____ Ink Colour _____ #10 Env. #10 Window #8 Env.
Name _____ Degree _____
Specialty _____ Clinic Name _____
Street # _____ Street Address _____ Suite# _____
City/Town _____ Province _____ Postal Code _____

ANY OTHER NOTES OR COMMENTS PLEASE ADD TO SECOND PAGE

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NOTES OR COMMENTS