

Order form for Marketing Materials for Flex Plan Promotion

Please complete this form and fax to:
Optima Refractive Department at 510-886-6343

To customize your postcard we will need the following information
to place in the blanks before printing. (See sample below)

Your name or your practice name (whichever you want to be printed on card front)

Phone Number: _____

City: _____

Return address Info:

Name: _____

Street or PO box: _____

City: _____ State: _____ Zip: _____

Information for back of postcard (see sample below)

For the Past _____ years, _____ have teamed with Mark R. Mandel, MD
(# of years) (Doctor's Name)

Quantity Requested (please circle) 100 250 500 1000 2500

<p>Do you know... Your HSA or Flex Plans can be used for LASIK</p> <p>Experience and Training Matter!</p> <p>For the past ?? years, Dr. <u>Your Name Here</u> has teamed with Mark Mandel, MD a cornea and refractive surgery specialist who has performed over 70,000 LASIK procedures.</p> <p>Today with the combination of his experience, state-of-the-art technology and our excellent comanagement relationship, you can expect outstanding visual results.</p> <p>Call today for your complimentary evaluation!</p> <p><u>Your practice phone number here</u></p>	<p>Your practice name and return address will be placed here</p> <p>We Offer: 0% Financing^{CAC} All-Laser/Custom Lasik Allegretto & Visx Custom Technology</p> <p>Area for placement of patients' address</p>
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