End-of-year-order

Simply complete this form and mail to us:

PLEASE PRINT

Clinic/Practice N	ame	
Doctor's Name _		
Mailing Address		
City	State	Zip
Phone ()	
Fax ()	
E-mail Address		
My Weekly Planner 6"X 9" @ \$36.00* Each X		Copies - \$
Standard Size Daily Record Book 6"X 9" @ \$43.00* Each X		Copies - \$
Desk Size Daily Record Book 8 1/2" X 11" @ \$64.00* Each X		Copies - \$
Set of two volume	ok 8 1/2 " X 11" @ \$142.00* /set Each X s (Jan-June, July-Dec.) Each book contains 2 page	•
Enough room for 4 doctors columns. *Free Shipping by USPS 3 day delivery		\$
0	TOTAL AMOUNT DUE	<u> </u>

CREDIT CARD ORDERS

Credit cards are accepted for payment. To pay by credit card please call 913-980-2667. Be prepared to give Card Number, Expiration Date and Security Code. Daily Record Book does not store credit card numbers.

CHECK ORDERS

If paying by check, make payable to: Daily Record Book

Complete this form and mail to:

DAILYRECORDBOOK[™]

P.O. Box 214, Olathe, KS 66051 Phone: (913) 980-2667 Fax: (913) 273-4409