



INSIGHT VISION GROUP

Materials Order Form

Doctor Name: _____

Practice: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Items:

Quantity:

| | |
|--|-------|
| <i>IVG Practice Brochures</i> (Reviews cataract surgery, LASIK, PRK, ICL, glaucoma, keratoconus, corneal cross linking, corneal transplants, vitreolysis) | _____ |
| <i>Referral Forms</i> | _____ |
| <i>LASIK / PRK Trifold Brochures</i> | _____ |
| <i>Cataract Trifold Brochures</i> | _____ |
| <i>Floater Vitreolysis Trifold Brochure</i> | _____ |
| <i>Floater Information and Screening Questionnaire</i> | _____ |
| <i>Serum Tears Trifold Brochure</i> | _____ |

Map Pads (To provide the patient with a map and contact information for IVG.)
There are 50 maps per pad. Please indicate the number of pads you want.

- | | |
|--|--|
| _____ <u>Parker (Purple)</u> | _____ <u>Boulder (Hot Pink)</u> |
| _____ <u>Lowry/Denver (Lemon)</u> | _____ <u>Longmont (Orange)</u> |
| _____ <u>Fort Collins (Green)</u> | |

Any other items or request? _____

Please return this form to Amy Johnson
FAX 720.880.6460
Email ajohnson@insightvisiongroup.com
or call her at 720.271.7815 (cell)

www.InSightVisionGroup.com