

SheelySystems

P.O. Box 169, Trenton, OH 45067

Phone: 513-988-9735 Fax: 513-988-9220



VIP Referral Program Package and Order Form

The VIP Referral Program Package includes everything you need to implement this great referral program in your office. Get 2 new referrals from every new patient that walks in the door...imagine the great “pyramid effect” this will have on your practice!

The referral package includes:

1. Step-by-step instructions for making this program work in your office.
Doctor—the only step you have to do is introducing the concept to your patient in the report of findings...your staff will handle the rest!
2. HIPAA compliant form for the patient to fill in and sign allowing you to market to the referrals they are giving you and allowing you permission to use their name only for the referral information you will be sending out.
3. Ready-to-implement referral letter to send to your referrals.
4. Ready-to-implement congratulations letter to send to your patient if they are the referral winner of the month.
5. Ready-to-implement congratulations letter to send to the referrals if they are the referral winner of the month.

You may mail, fax, or call in your order. SheelySystems is proud to offer you a special savings on the VIP Referral Program.

This program is solid and ready to go with no work on your part...just put it in place, follow the step-by-step instructions, and reel in those new patients who are friends and family of your current new patients.

Make your choice of purchase below and pay today for a great referral program or look it over and mail, fax, or phone in your order, so that you don't miss out on all the great referrals that could be coming your way.

Send VIP Referral Program to:

E-mail: _____

Purchaser information:

Name: _____

Address: _____

City: _____ State _____ ZIP _____

Phone: _____ Fax: _____

____ I would like to purchase the SheelySystem VIP Referral Program for a total purchase price of \$55. I am paying \$55 today by:

____Check _____Charge

Charge Information:

Account Number:_____Exp_____

Signature:_____

Note, this program will be e-mailed to you upon receipt of payment. If you need to receive the program on disc, a \$10 additional fee will apply. Please indicate your choice below:

____ Send by e-mail attachment _____Send on disc (accept \$10 Add'l fee)

For fastest service, fax this completed form to 513-988-9220.