

CUSTOMER INFORMATION

Account #: _____ Date Needed By: _____
 Department: _____ Phone: _____
 Contact Person: _____ Email: _____

Customer Pick-up Delivered to _____ Building _____ Room # _____ Campus: _____
 Project submitted via: E-mail Shared file Sample provided Brownsville
 Other _____ Edinburg Harlingen

Project Manager's Signature: _____ Date _____
 Print Name: _____

LETTERHEAD & ENVELOPE

Letterhead Quantity: _____ Envelope Quantity: _____
 (500 Sheets = 1 Ream)

Division of Health Affairs School of Medicine GME Clinical Sites
 College of Health Professions School of Social Work UT Health RGV Clinical Sites
 School of Nursing Dean's Letterhead

Attach address information on a separate word document.

New
 Revised
 Reprint

STATIONERY

Division of Health Affairs Dean's Stationery UT Health RGV
 Quantity: _____

New
 Revised
 Reprint

ENVELOPES

Division of Health Affairs UT Health RGV
 Quantity: _____

Attach address information on a separate word document.

New
 Revised
 Reprint

BUSINESS CARDS

Quantity: 250 300 500
 Division of Health Affairs: A Back 1 2
 UT Health RGV: B* C *Front: 1 2
 GME: D* E F G *Front: 1 2

*** Refer to template samples attached.*

Attach business card information on a separate word document. If ordering multiple cards, group by template.

New
 Revised
 Reprint

	Date Completed: _____
	Subtotal: _____
	Tax: _____
Received by _____ Date _____	Total Amount: _____

SPECIAL INSTRUCTIONS

NOTE: In order to process your job, all areas that apply must be completed. Send this form to the Print Shop along with the file and sample print out.
 Receipt will be sent to Contact Person's email.

TYPE A:
Division of Health Affairs



Name, Suffix
 Title
 Department
 School/College

email@utrgv.edu
 o: (000) 000-0000 f: (000) 000-0000
 utrgv.edu

Front

TYPE B:
UT Health RGV Clinical

Exception: Residents can use Clinical Site Appointment Cards Only (front option #2)



Name, Suffix
 Title, Department
 Specialty

Clinical Site Name
 123 Clinical Site Address
 City, TX. 12345

o: (000) 000-0000
 f: (000) 000-0000
 c: (000) 000-0000
 email@utrgv.edu

uthealthrgv.org
 1-833-UTRGVMD

Front 1: Providers



Has An Appointment On

Monday Tuesday Wednesday Thursday Friday

For: _____ At: _____ A.M./P.M.

If unable to keep appointment, please provide 24 hour notice.
 We appreciate your consideration.


Back



Back 1



Back 2



Clinical Site Name

123 Clinical Site Address
 City, TX. 12345

o: (000) 000-0000
 f: (000) 000-0000

uthealthrgv.org
 1-833-UTRGVMD

Front 2: Clinical Site Appointment Cards



Has An Appointment On

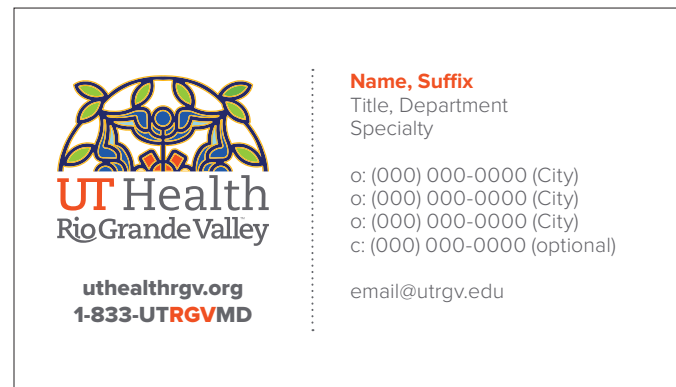
Monday Tuesday Wednesday Thursday Friday

For: _____ At: _____ A.M./P.M.

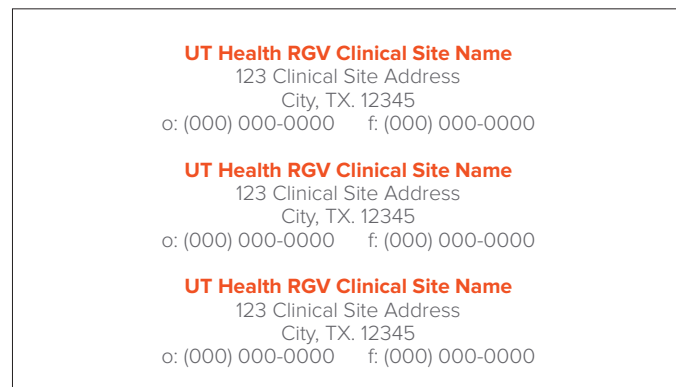
If unable to keep appointment, please provide 24 hour notice.
 We appreciate your consideration.

Back

TYPE C:
Multiple UT Health RGV Clinical Sites



Front



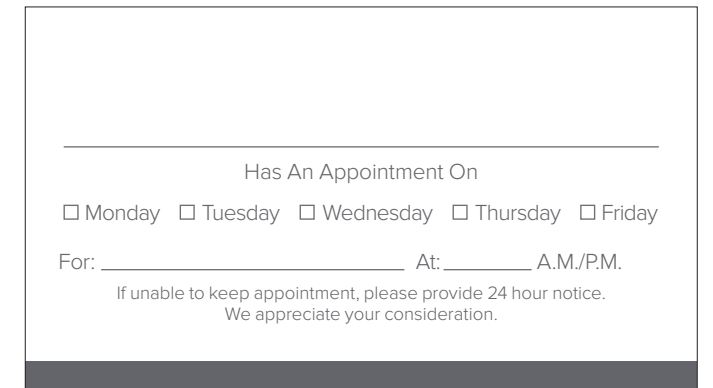
Back

TYPE D:
GME UTRGV-DHR Clinical Site

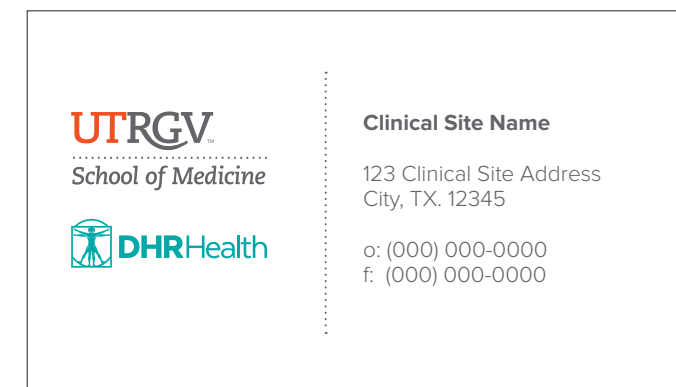
UT Health RGV Physicians & Contracted Physicians use GME co-branded business cards.
Exception: Residents can use Clinical Site Appointment Cards Only (Front Option #2)



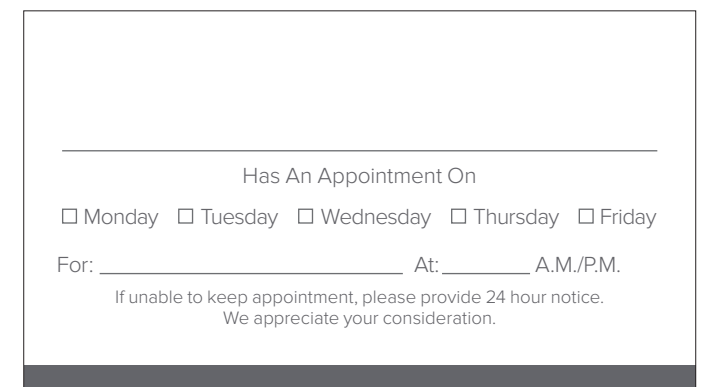
Front 1: Providers



Back



Front 2: Clinical Site Appointment Cards




Back

TYPE E:

GME UT Health RGV Knapp Clinical Site

*Exception: Residents can use
Clinical Site Appointment Cards Only*

	<p>Clinical Site Name</p> <p>123 Clinical Site Address City, TX. 12345</p> <p>o: (000) 000-0000 f: (000) 000-0000</p>
---	--

Front Clinical Site Appointment Cards

Has An Appointment On

Monday Tuesday Wednesday Thursday Friday

For: _____ At: _____ A.M./P.M.


If unable to keep appointment, please provide 24 hour notice.
We appreciate your consideration.

Back

TYPE F:

**GME UTRGV-McAllen
Family Medicine Residency Clinical Site**

*Exception: Residents can use
Clinical Site Appointment Cards Only*

	<p>Clinical Site Name</p> <p>123 Clinical Site Address City, TX. 12345</p> <p>o: (000) 000-0000 f: (000) 000-0000</p>
---	--

Front Clinical Site Appointment Cards

Has An Appointment On

Monday Tuesday Wednesday Thursday Friday



For: _____ At: _____ A.M./P.M.

If unable to keep appointment, please provide 24 hour notice.
We appreciate your consideration.

Back

TYPE G:
**GME UTRGV-Valley Baptist
Health System Clinical Site**

*Exception: Residents can use
Clinical Site Appointment Cards Only*

 	Clinical Site Name 123 Clinical Site Address City, TX. 12345 o: (000) 000-0000 f: (000) 000-0000
--	---

Front Clinical Site Appointment Cards

Has An Appointment On

Monday Tuesday Wednesday Thursday Friday

For: _____ At: _____ A.M./P.M.

If unable to keep appointment, please provide 24 hour notice.
We appreciate your consideration.

Back