

WE WANT PATIENTS JUST LIKE YOU!

**Do you know someone who could benefit from
the same great care you`re receiving?**

Give us your VIP list and we`ll
give them a call!

Name

1. _____

2. _____

3. _____

4. _____

5. _____

Phone Number

1. _____

2. _____

3. _____

4. _____

5. _____

Your Name: _____

Don`t forget that this is a great way to help you
UPGRADE YOUR MEMBERSHIP STATUS

As well as receive the monthly gift!

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