

# 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**

**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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