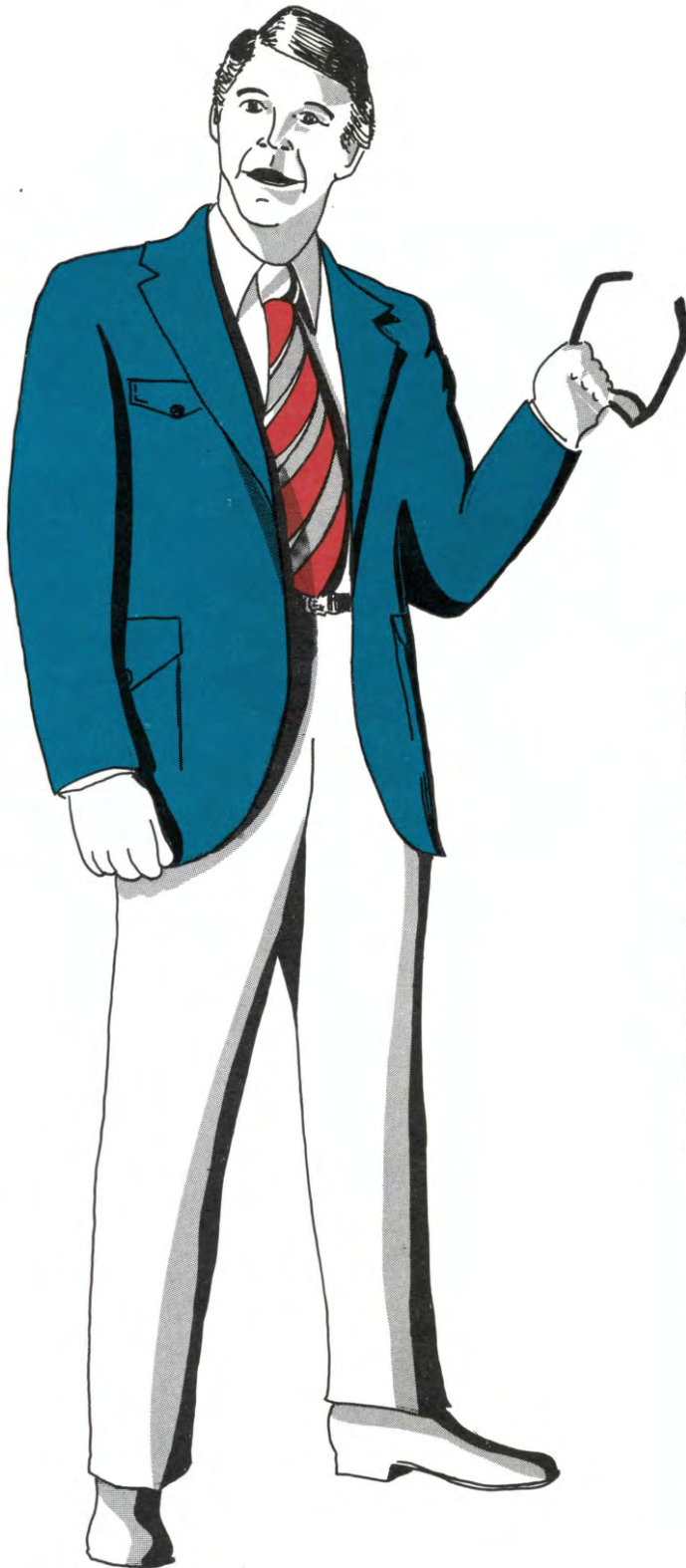


DIRECT PATIENT MOTIVATION MAILING PLAN by G.T.



COMPLETE
MAILING PROGRAM
FOR THE
BUSY CHIROPRACTOR

WHAT IS DIRECT PATIENT MAILING PLAN?

A complete mailing program designed to inform your patients what Chiropractic care can do for them. Letting them know through monthly mailings that chiropractic care is important to a healthier way of life. A program where the doctor can design a complete mailing program for his patients in just a few minutes. This is not a "one shot" trial. It is a solid patient educational program that will obtain lasting results.

HOW DOES IT WORK?

- *Complete list of your patients is filed under your name.*
- *Envelope is printed with your design on the front.*
- *Each Brochure you have selected is printed to match your letterhead and envelope.*
- *A letterhead is printed with your signature at the bottom. You may use our recommended letter or your personal one.*
- *Each month the material you have chosen will be sent direct to your patients.*
- *We will mail a copy and notify you as each month's mailing is completed.*
- *You may add, delete or change address on your patient mailing list by sending in the necessary information at least two weeks before the next mailing is to be sent. You will be allowed ten (10) additions or deletions per year with no change in original plan charge. Changes of address will be made for 5¢ each.*

HOW DO I START A DIRECT MAILING PLAN?

1. *Fill out your attached order blank.*
2. *Choose from our list the brochures you think will stimulate your practice.*
3. *Use our recommended letter or send us a copy of one you would like to use.*
4. *Send us a copy of your business card or letterhead.*
5. *Send a list of your patients – Name, Street, Zip.*

HOW MUCH DOES THIS PLAN COST?

Now you say, what does all this convenience cost me? First, you must realize DIRECT PATIENT MOTIVATION PLAN pays rather than costs . . . by patient referral.

- *This direct mailing plan can be paid in one check in the amount of \$252.00 for the year's service or post-dated checks as follows: one check with current date in the amount of \$29.00 and eleven (11) checks in the amount of \$21.00 each, dated one month apart.*
- *The above DIRECT PATIENT MOTIVATION mailing plan is based on 100-patient mailing list, of course, if you need 200, 500 or 1,000 for your mailing list, just let us know.*

ORDER FORM

PLEASE INDICATE MONTH OF YEAR IN FRONT OF BROCHURE TO BE SENT:

MONTH	MONTH
_____ <i>Arm and Shoulder Pain</i>	_____ <i>Your 100 Year Heart</i>
_____ <i>Arthritis</i>	_____ <i>What Shall Man Live By</i>
_____ <i>Asthma</i>	_____ <i>What's Your Health Problem</i>
_____ <i>Backache</i>	_____ <i>Patient Testimonial Blanks</i>
_____ <i>Children and Chiropractic</i>	_____ <i>Peace of Mind</i>
_____ <i>Chiropractic Family Plan</i>	_____ <i>Pinched Nerves</i>
_____ <i>Chiropractic Insurance Coverage</i>	_____ <i>Sciatica</i>
_____ <i>Chiropractic Nerve Chart</i>	_____ <i>Sinus Trouble</i>
_____ <i>Disc Problems</i>	_____ <i>The Amazing Story of Chiropractic</i>
_____ <i>Emphysema – America's No. 2 Killer</i>	_____ <i>The Education of a Chiropractor</i>
_____ <i>Feminine Facts</i>	_____ <i>The Last Hope</i>
_____ <i>Health Is Within You Now</i>	_____ <i>The Master Builder</i>
_____ <i>High Blood Pressure</i>	_____ <i>The Road Back to Health</i>
_____ <i>How Chiropractic Heals</i>	_____ <i>The Story of Your Amazing Liver</i>
_____ <i>How Old is Old</i>	_____ <i>The Story of Your Amazing Stomach</i>
_____ <i>How to Lift</i>	_____ <i>To the New Chiropractic Patient</i>
_____ <i>How to Prevent Back Pain</i>	_____ <i>Your Case Analysis</i>
_____ <i>Just Plain Tired</i>	_____ <i>Your Progress Report</i>
_____ <i>Mama – My Bed's Wet</i>	_____ <i>What to Do in Case of an Auto Accident</i>
_____ <i>Medical Research Proves Chiropractic</i>	_____ <i>What Urinalysis Tells Your Chiropractor</i>
_____ <i>Migraine Headache</i>	_____ <i>Whiplash Neck Injury (Greyline)</i>
_____ <i>Nerves – Just Nerves</i>	_____ <i>Whiplash Neck Injury (Yellow)</i>
_____ <i>Pain *</i>	_____ <i>Why M.D.'s Are Trying to Steal Chiro.</i>
_____ <i>Prostate – Facts for Men</i>	_____ <i>Why You May Need X-ray</i>
_____ <i>Pathways to Health</i>	

- I accept your DIRECT PATIENT MOTIVATION mailing plan. I am placing an order for 100 Action Tracts to be sent to my patient list each month, beginning with _____. I understand these brochures will be imprinted and enclosed with a letter on my letterhead stationery, to be sent direct to my patients. I also understand that I may add or delete 10 patients names per year with no change in original plan charge.*
- Enclosed is my check in the amount of \$252.00 for full payment of one year's DIRECT PATIENT MOTIVATION mailing plan.*
- Enclosed are my post-dated checks: 1 in amount of \$29.00 and 11 in the amount of \$21.00 each dated one month apart.*

Signed: _____
(YOUR SIGNATURE, PLEASE)

DOCTOR _____ DATE _____
 ADDRESS _____ TELEPHONE _____
 CITY _____ STATE _____ ZIP _____

GOLDEN TOUCH, INC.

P.O. BOX 438
BLUE SPRINGS, MO. 64015

HIGH BLOOD PRESSURE

WHAT
URINALYSIS
TELLS YOUR
CHIROPRACTOR

ARTHRITIS

WHY YOU MAY
NEED
X-RAY

**ARM AND
SHOULDER
PAIN**



**B-A-C-K-
A-C-H-F**

CHIROPRACTIC
INSURANCE
COVER

CHILDREN
and
Chiropractic

What's
Your
Health
Prospect

WHIPLASH
NECK
INJURIES

Migraine
Headache

100 YEAR
YOUR
HEAD

THE ROAD BACK
to health

Feminine
Factors

HEALTH
is within you

