

To: PM&A MMS Resources (Fax: (414) 332-0909)

From: (name of person sending info) _____

Marketing Manager System_(sm)
Coaching and Support Program Setup

To help us set up your account, please fill out the following. Print out this form and fax it to us. No cover sheet is required. Your information is entirely and strictly confidential and comes directly to me at my private office. Thanks, *Ed Petty*

--- Please Print or Type ---

CONTACT INFORMATION

Doctor Name: First _____ MI _____ Last _____ Degree: _____

Company Name: _____

Address 1 _____

Address 2: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Fax _____ Cell : _____

Web Site Address: _____ E-Mail Address: _____

MARKETING STAFF

Marketing Coordinator Name: First _____ Last _____ Email _____

Other Marketing Staff Name: First _____ Last _____ Email _____

BILLING INFORMATION

Credit Card Number: _____ Credit Card Expire: Month: _____ Year: _____

Name On Credit Card: _____

Billing Address On Credit Card: _____ City _____ State: _____ Zip: _____

PRACTICE MANAGEMENT

Techniques: _____ Therapies: _____

Number Of Partners Or Associate Doctors: _____ Number Of Staff: Full Time _____ Part Time _____

Date Clinic Opened/Started: _____ Office Manager/Coordinator: First _____ Last _____ Date O.M. Started: _____

Past Management Companies: _____

Referred By: Web, Friend, Colleague, Ad, Other: _____

1. Do You Count Reactivated Patients As New Patients? Yes No

2. Do You Want Monthly Reports Sent By Mail Or Emailed? Mail – Email. Email address: _____

GOALS:

What has been your average number of new patients per month over the last 12 months?

→ What would you like it to be 12 months from now?

What has been your average number of office visits per month over the last 12 months?

→ What would you like it to be 12 months from now?

What other goals do you have for the next 12 months?

PERSONAL (Optional)

Nickname: _____ Birthday: _____

College Attended: _____ Year Graduated: _____ Year Graduated: _____

Interests/Hobbies: _____