

UAB ST. VINCENT'S Appointment Card

Revised 08-2025

This order form is for UAB ST. VINCENT'S only.

Submit new orders, revisions or reprints to UAB Printing & Mailing, printingservices@uab.edu. Questions, please call 205.934.3790.

☐ **Option 1** (1 sided only)

UAB ST. VINCENT'S

Department/Service Line _____

Next Appointment _____ at _____ a.m. / p.m.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

000 00th Avenue/Street South
City, AL 00000-0000
000.000.0000 • Fax: 000.000.0000
Please make cancellations at least 24 hours in advance.

☐ **Option 2** (1 sided only)

UAB ST. VINCENT'S

_____ has an appointment with
First name Last name, Degrees

000 00th Avenue/Street South
City, AL 00000-0000
000.000.0000

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

_____ at _____ a.m. / p.m.

☐ **Option 3** (1 sided only)

UAB ST. VINCENT'S

_____ at _____ a.m. / p.m.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Department/Service
000 00th Avenue/Street South
City, AL 00000-0000
000.000.0000 • Cell: 000.000.0000
Fax: 000.000.0000

NOTE: 2 sided cards are green only and can not be used with 1 sided fronts.

☐ **Option 4A** (front 2 sided)

Provider: _____

Appointment Date: _____

Appointment Time: _____

UAB ST. VINCENT'S
000 00th Avenue/Street South
City, AL 00000-0000
000.000.0000

☐ **Option 4B** (front 2 sided)

Provider Name ☐ Provider Name ☐

Provider Name ☐ Provider Name ☐

Appointment Date: _____

Appointment Time: _____

UAB ST. VINCENT'S
Department/Service Line
000 00th Avenue/Street South
City, AL 00000-0000
000.000.0000

Back 4A or 4B

UAB ST. VINCENT'S
uabstvincents.org

QUANTITY ☐ 100 ☐ 250 ☐ 500 ☐ 1000 ☐ OTHER _____

COLOR ☐ Green + Black or ☐ All Black

INFO TO BE PRINTED ON CARD:

Please complete all relevant fields for the selected template; otherwise, content may be adjusted or omitted to fit, and major revisions will require UAB Marketing approval.

Name, Degrees _____

Department/Service _____

Address _____

Office # _____ Cell # _____

Fax # _____ Email _____

SEND PROOF TO: Name _____ Email _____

DELIVERY INFORMATION: BU # _____ Customer # _____

Location Name _____ Attn _____ Phone _____

Address _____ City, State Zip _____