

**Email your completed form to:** The Sourcing Group at [eorders@thesourcinggroup.com](mailto:eorders@thesourcinggroup.com)
**For help or questions call:** 510-470-6036

**NEW ORDER**
**RE-ORDER WITH CHANGES**
**RE-ORDER NO CHANGES**
**FRONT OF BUSINESS CARD**


<Facility City Name>  
 <Facility Category>  
 Opioid Use Disorder Program  
  
 <Employee Name>  
 <Credentials Educational & Professional>  
 <Employee Title>  
 <Employee Title line 2, if needed>  
  
 email address@ctcprograms.com  
 www.facilitywebaddress  
  
 <Street Address>  
 <City, State, Zip>  
 phone line 1: <phone number>  
 <phone line 2>: <phone type>  
 <phone line 3>: <phone type>  
 <phone line 4>: <phone type>

 SEE PAGE 2 OF THIS FORM  
 TO ENTER INFORMATION  
 FOR BACK OF COMBO CARD  
 OR APPOINTMENT CARD.

FACILITY CITY NAME:											
FACILITY CATEGORY:	Comprehensive Treatment Center Habit OPCO Treatment Center Allied Health Services Mission Treatment Center	Discovery House Treatment Center Treatment Solutions Wellness Center									
FACILITY PROGRAM (Default):	Opioid Use Disorder Program										
EMPLOYEE NAME ON CARD: Leave blank if there is no name.											
CREDENTIALS: Educational credentials are listed first, followed by professional credentials											
TITLE:	line 1: line 2:										
E-MAIL:	FACILITY WEB ADDRESS:										
STREET ADDRESS:											
CITY, STATE, ZIP:											
PHONE: Line 1	ENTER NUMBER: This number will be repeated on the back of the combo & appointment card backer										
PHONE: Line 2	ENTER NUMBER: Check box below <table border="0"> <tr> <td>Cell</td> <td>Toll Free</td> <td>Emergency</td> <td>On-Call Phone</td> </tr> <tr> <td>Emergency</td> <td>Direct</td> <td>TTY</td> <td>Other</td> </tr> </table>			Cell	Toll Free	Emergency	On-Call Phone	Emergency	Direct	TTY	Other
Cell	Toll Free	Emergency	On-Call Phone								
Emergency	Direct	TTY	Other								
PHONE: Line 3	ENTER NUMBER: Check box below <table border="0"> <tr> <td>Cell</td> <td>Toll Free</td> <td>Emergency</td> <td>On-Call Phone</td> </tr> <tr> <td>Emergency</td> <td>Direct</td> <td>TTY</td> <td>Other</td> </tr> </table>			Cell	Toll Free	Emergency	On-Call Phone	Emergency	Direct	TTY	Other
Cell	Toll Free	Emergency	On-Call Phone								
Emergency	Direct	TTY	Other								
PHONE: Line 4	ENTER NUMBER: Check box below <table border="0"> <tr> <td>Cell</td> <td>Toll Free</td> <td>Emergency</td> <td>On-Call Phone</td> </tr> <tr> <td>Emergency</td> <td>Direct</td> <td>TTY</td> <td>Fax</td> </tr> </table>			Cell	Toll Free	Emergency	On-Call Phone	Emergency	Direct	TTY	Fax
Cell	Toll Free	Emergency	On-Call Phone								
Emergency	Direct	TTY	Fax								

**LETTERHEAD & ENVELOPES: 500 (min), 1000, 1500, 2000**

LETTERHEAD Qty: \_\_\_\_\_ SECOND SHEET Qty: \_\_\_\_\_ ENVELOPES Qty: \_\_\_\_\_

**CTC BROCHURE: 250 (min), 500, 1000, 2500**

BROCHURE Qty: \_\_\_\_\_

## BACK OF BUSINESS CARD

There are 3 types of backers. Enter the order quantity in the Qty. box above the card format that you want to order.  
Available quantities are: 250, 500, 1000, 2500 or 5000

BLANK Qty: \_\_\_\_\_

HOURS & APPOINTMENT Qty: \_\_\_\_\_

APPOINTMENT Qty: \_\_\_\_\_

BLANK BACK  
No printing on  
back of card.

<Facility Name>  
<Facility Category>  
Opioid Use Disorder Program

Appointment Reminder

Date: \_\_\_\_\_

Time: \_\_\_\_\_

With: \_\_\_\_\_

Business Hours  
Monday-Friday 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm

Medication Hours  
Monday-Friday 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm

Need to change/cancel your appointment?  
Call: <phone number>

<Facility Name>  
<Facility Category>  
Opioid Use Disorder Program

Appointment Reminder

Date: \_\_\_\_\_

Time: \_\_\_\_\_

With: \_\_\_\_\_

Business Hours  
Monday-Friday 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm

Medication Hours  
Monday-Friday 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm  
<custom day(s)> 00:00am - 00:00 pm

Need to change/cancel your appointment?  
Call: <phone number>

BUSINESS HOURS	DAY OPTIONS: See samples for help on how to enter this information.	TIME OPTIONS: Sample: 9:00 am - 4:00 pm noon is entered as 12:00 pm
WEEKDAY OPTION 1 sample: Mon-Fri sample for specific days >3: M, T, Th, F sample for specific single day: Monday sample for specific day/days: Mon-Wed, Fri		
WEEKEND OPTION 2 sample weekend: Sat-Sun		
HOLIDAY OPTION 3 Do not enter anything if closed on holidays sample: holidays		
DAY OPTION 4		

MEDICATION HOURS IF DIFFERENT FROM BUSINESS HOURS	DAY OPTIONS: See samples for help on how to enter this information.	TIME OPTIONS: Sample: 9:00 am - 4:00 pm noon is entered as 12:00 pm
WEEKDAY OPTION 1 sample: Mon-Fri sample for specific days >3: M, T, Th, F sample for specific single day: Monday sample for specific day/days: Mon-Wed, Fri		
WEEKEND OPTION 2 sample weekend: Sat-Sun		
HOLIDAY OPTION 3 Do not enter anything if closed on holidays sample: holidays		
DAY OPTION 4		