

# Healthcare Profile

## INFORMATION SHEET

Please attach any additional information you feel is pertinent to this document before returning to your Advertising Consultant.

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_

Tell us about your training and background: \_\_\_\_\_

Describe the nature of your practice including areas of expertise: \_\_\_\_\_

Is there anything about your practice that sets you apart from others in your profession? \_\_\_\_\_

For you, what are the fundamentals of patient care? \_\_\_\_\_

What do you most enjoy about your profession? \_\_\_\_\_

Where did your career begin? How many years in business? \_\_\_\_\_

Describe any honors, awards or achievements. \_\_\_\_\_

What are your future goals for your practice? \_\_\_\_\_

### DEADLINE:

#### Space & Materials Deadline:

If you are writing your own copy, please do not exceed the following:

- 1/2 page -200 words maximum

Full page - 500 words or 300 words plus bullet points

**ADVOCATE**

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