



## Brochure Request

Additional brochures, inserts, and other items can be requested by faxing this form to **(952-844-0810)**, emailing to **(mvtc@minnesotavisiontherapy.com)**, or calling our Eden Prairie office **(952-844-0844)**.

Doctor's Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

<b>General Items</b>	<b>Quantity (Max 10/item)</b>
<input type="checkbox"/> Minnesota Vision Therapy Brochure	_____
<input type="checkbox"/> Symptom Checklist folded insert	_____
<input type="checkbox"/> Referral Forms	_____
<input type="checkbox"/> Business Cards	_____

<b>Informational Brochure Inserts</b>	<b>Quantity (Max 10/item)</b>
<input type="checkbox"/> Strabismus and Amblyopia	_____
<input type="checkbox"/> Convergence Insufficiency and Excess	_____
<input type="checkbox"/> Vision Therapy for Adults	_____
<input type="checkbox"/> Visual Skills for Successful Learning	_____
<input type="checkbox"/> "Where does vision fit in?"	_____
<input type="checkbox"/> Visual Learning	_____
<input type="checkbox"/> Resources	_____
<input type="checkbox"/> ADD/ADHD	_____
<input type="checkbox"/> Concussion	_____
<input type="checkbox"/> Primitive Reflexes	_____

### **Minnesota Vision Therapy Center**

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Eden Prairie, MN 55344

741 E. Enterprise Drive  
Belle Plaine, MN 56011