# Texas Tech Health El Paso

Business card request form:

Please fill out this form completely and submit to Texas Tech Health El Paso's preferred business card vendor: Regency Printing regencyelpaso@gmail.com

**Quantity:** 

250

500 1000



# NAME AND CREDENTIALS

Title

OFFICE/DEPARTMENT/SCHOOL NAME

Street Address

El Paso, Texas 799XX

0: 915.215.XXXX | C: XXX.XXX.XXX

email@ttuhsc.edu

Mailing Address:

130 Rick Francis Street | El Paso, Texas 79905 | MSC XXXXX

**BACK OPTIONS** — Please select one of the following based on your role at Texas Tech Health El Paso:

A

Academic and Support Departments:

Staff and Non-Clinical Faculty

B

Clinical Faculty or Staff:

Texas Tech Physicians El Paso (FSOM faculty who see patients in any of our clinic locations should choose B.) C

Dental Faculty or Staff:

Texas Tech Dental OHC









# NAME AND CREDENTIALS

## OFFICE/DEPARTMENT/SCHOOL NAME

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# **NAME AND CREDENTIALS**

FOSTER SCHOOL OF MEDICINE TEXAS TECH PHYSICIANS OF EL PASO Clinic Name | Suite XXX Street Address | El Paso, Texas 799XX 0: 915.215.XXXX | C: XXX.XXX.XXXX | f.XXX.XXXX.XXXX email@ttuhsc.edu

Mailing Address: 130 Rick Francis Street | El Paso, Texas 79905 | MSC XXXXX



#### NAME AND CREDENTIALS

HUNT SCHOOL OF DENTAL MEDICINE TEXAS TECH DENTAL ORAL HEALTH CLINIC Street Address | El Paso, Texas 799XX 0: 915.215.XXXX | C: XXX.XXX.XXX email@ttuhsc.edu

Mailing Address: 130 Rick Francis Street | El Paso, Texas 79905 | MSC XXXXX

### **BACK**

# BACK for medical faculty with a clinical practice



ttpelpaso.com | ttuhscep.edu

### **BACK for dental staff**



# Alternate layout for duplicate physical and mailing addresses



#### NAME AND CREDENTIALS

HUNT SCHOOL OF DENTAL MEDICINE TEXAS TECH DENTAL ORAL HEALTH CLINIC Street Address | MSC XXXXX El Paso, Texas 799XX 0: 915.215.XXXX | C: XXX.XXX.XXX email@ttuhsc.edu

#### **BACK**





