



Print & Mail Services

University of Missouri

MU Health Care Physician Departure Letter Order Form

Please fill out this form and either email it to
WashingtonS@missouri.edu or fax to 573-882-1413.
Please call 573-882-7801 with questions.

Billing Information

Name of person to deliver to:

Address to deliver to:

Confirmation phone number:

Confirmation e-mail:

Person confirming order:

Department:

Account name:

MO code:

PS acc. #:

Please include special instruction in email message or separate
fax sheet..

Letter Information

Style:

Color: Black Black and Gold

Department:

Address:

City, State, ZIP:

(Please use 2-letter abbreviation for State.)

Phone 1:

Phone 2:

Email:

Web:

Quantity:

Please Note: Unless otherwise requested, Physician
Departure letters will be mailed out First Class

Please include with this order:

1. letter (Word document)
2. data set (Excel document)
3. physician's signature file (PDF or jpeg file)

#10 Window Envelope Information

Color: Black Black and Gold

Address:

City, State, ZIP:

(Please use 2-letter abbreviation for State.)

Endorsement: none Return Service Requested

Bar Code? No Yes #:

Letterhead Sample:

#10 Window Envelope Sample: