

## Here's what we need from you.

We need a current head-shot, the kind you have to send in for professional license. You can e-mail us a high resolution image. We prefer 300 dpi. We reserve the right to turn down photos if they do not fit the criteria. We will not accept group photos or snapshots. We will not return photographs due to the volume of listings. Contact **THE215** photography studio at 546-8987 to schedule an appointment if you need a current head-shot.

Please review the sample page to the right, it should give you an idea of all the information you may choose to list. We understand that you may wish to leave some fields blank and that's okay. Please write out your specialty and appropriate acronym.

### FREE DIRECTORY LISTING

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

Specialty: \_\_\_\_\_ Acronym

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

Office: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ www. \_\_\_\_\_

Cell: \_\_\_\_\_ NPI# \_\_\_\_\_

Home: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Label the photo you submit or include your name if you e-mail a head-shot.

\_\_\_\_\_ Medical School \_\_\_\_\_ Graduate Year

Spouse: \_\_\_\_\_

**Your physician photo listing is free. Space is available for purchase if you'd like to advertise your practice with us.**

*The physician photo listing is free.*

Mail your information to:

Occupational Therapy of Gadsden, LLC

P.O. Box 8096

Gadsden, AL 35902-8096

or

E-mail information to [otgadsden@bellsouth.com](mailto:otgadsden@bellsouth.com)

Write **PAD Info** in subject field.

Fax: 546-1433 (do not fax photos)



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