

Now it pays to share



Referral Form

For each new patient who joins Your Private MD as a result of your referral, you will receive a check or credit in the amount of \$50.

Current Patient Name: (Please print clearly)

My Phone # or E-mail Address:

Potential Patient I am referring:

Promotion Rules and Eligibility:

- 1. Newly referred patients must join and remain an active patient for at least 60 days.**
- 2. Current patients who have paid in full will receive a check, all others will receive a credit to their account.**

