

# Points of Light Pediatrician Application



Physician's Name \_\_\_\_\_

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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Office Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Did a dentist recruit you? Yes  No

Name of dentist \_\_\_\_\_

How many examination rooms would you like posters for? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

Please return this form to: Dr. Craig S. Hollander  
3555 Sunset Office Dr. #210  
Saint Louis, MO 63127

Or Fax to (314) 686-6351