

Please Bring This In To Receive

Your FREE Visit.

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

Birthday: _____

Employer: _____

of Employees: _____

Visits:

1. _____

2. _____

3. _____

4. _____

5. **FREE**



STAY HEALTHY CARD

VISIT RITECARE MEDICAL CENTER 4 TIMES.
GET THE 5TH VISIT FREE !



Includes office visit for self-pay patients only.
Does not include labs, diagnostics, or procedures.