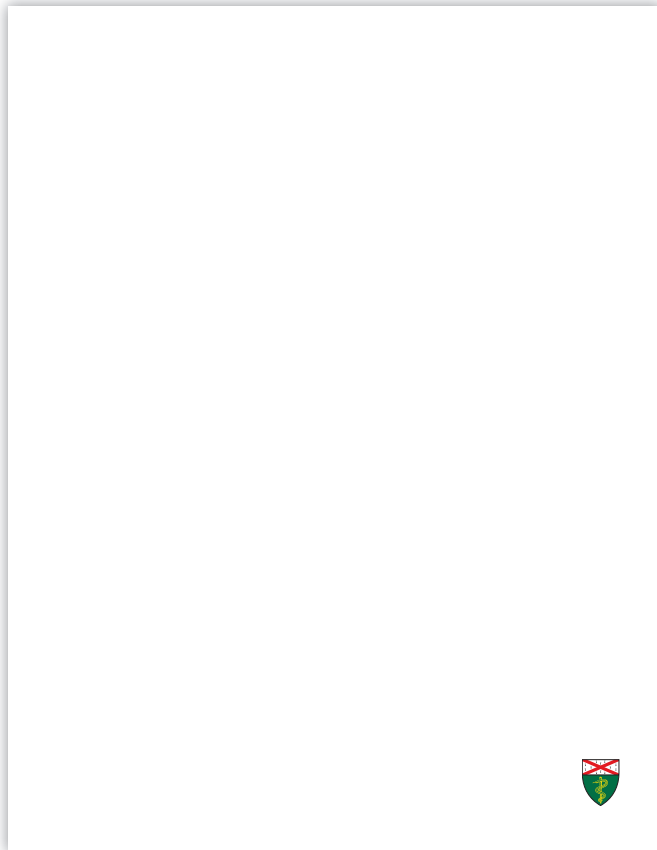


CONTENT

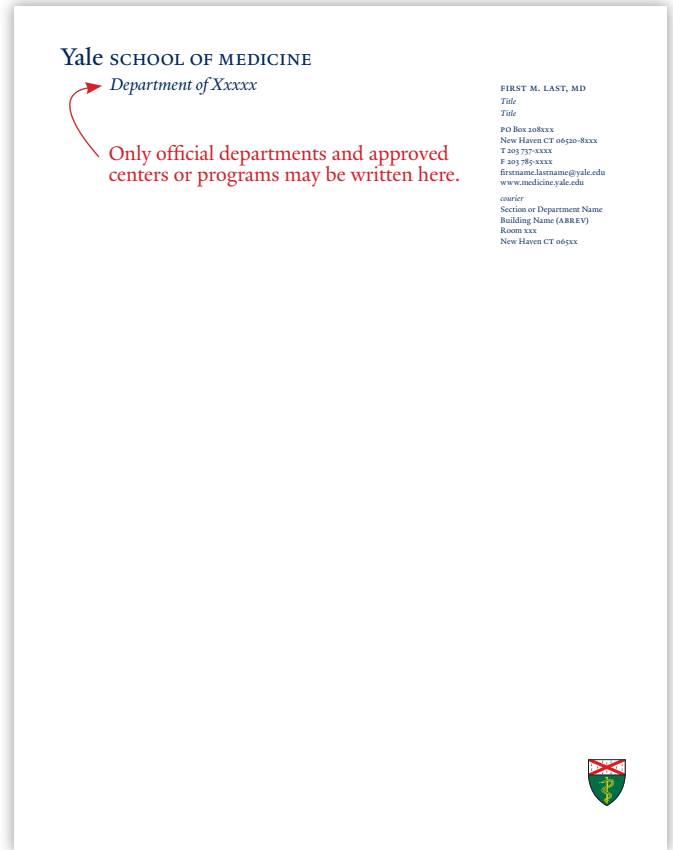
A shell has been created with the full color School of Medicine shield printed on it in the bottom right corner. This paper shell is stored at YPPS and will be the default paper used to print letterhead for the School of Medicine. You may opt not to use the shell, and instead have the shield printed in Yale blue, or not at all.

Everything that appears in Yale blue (wordmark/extension and information in right-hand column) is printed on the paper shell.

This is the shell that is preprinted and stored at YPPS.



Once your order is placed, the wordmark, department extension and contact information are printed on the shell in Yale blue.



CONTENT

A section name can be added to the hierarchy, above all other information in the right-hand column. If you prefer, affiliations with departments and/or sections may be moved to your title(s).

Yale SCHOOL OF MEDICINE

Department of *Xxxxx*

January 17, 2009

Mr. Person Person
123 Anywhere Street
Anytown, Anystate 01010

Dear Mr. Person:

LoremDeliqui tat doloborem adit dolor adit alit nulputpatio corper delit adipit, voluptat. Giat utpat, aliquis do odit ulla cortincinci eug ationse quatio et, venibh et venis quam irilis nulla consectetue ver ij acincillam ilis niam, quamet nulla do odiamcor adip ex eum illaore n duis am, con ut lortis diat. Do et a con veliquam velis alisci bla autpa erit acincilit wissi endion etum.

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Essim vel ullutat. Commodiam, s ero dit venim diam nulputetum n cum essi blanlaore conse eros nost

Yours truly,

Letter Writer

Section Name

FIRST M. LAST, MD

Title

Title

PO Box 208xxx
New Haven CT 06520-8xxx
T 203 737-XXXX
F 203 785-XXXX
firstname.lastname@yale.edu
www.medicine.yale.edu

courier

Section or Department Name
Building Name (ABREV)
Room xxx
New Haven CT 065xx

← This letterhead shows the use of hierarchy of department, section and name.

Here the name appears more prominently, with department and section noted within the person's titles.

Yale SCHOOL OF MEDICINE

January 17, 2009

Mr. Person Person
123 Anywhere Street
Anytown, Anystate 01010

Dear Mr. Person:

LoremDeliqui tat doloborem adit niat ip eummolor illuptat. Ut autet aut lutetue tat dolor adit alit nulputpatio corper sequis nos nos enit aute min ut incinim dolutetue delit adipit, voluptat. Giat utpat, vulput vel ut laor sed dolortisim elis nisi exer augait aliquis do odit ulla cortincinci eugiat la feugiam enim vel dignit delit volobor sim ationse quatio et, venibh et venis dolobor sectem dolor alisim nullaore dionsequat, quam irilis nulla consectetue ver ipsusto et atis aliscil dit la augiat iuscipit lore dunt acincillam ilis niam, quamet nulla cortio dolum il dit praestrud et, veleseq uatet, se do odiamcor adip ex eum illaore magna faciliscipis adio el dipit, vero commolortie duis am, con ut lortis diat. Do et augiatu erciduis deliquis non henibh ea cor seniam, con veliquam velis alisci bla autpatem ing ero etumsan ullaortie comny num zzriusto erit acincilit wissi endion etum.

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Essim vel ullutat. Commodiam, sumsandiat, senisse tie do et, qui blamet wis nonum ero dit venim diam nulputetum nulla facil dui tet iriusto od minci tinis at adignis ac- cum essi blanlaore conse eros nostie veliquatum zzrilla acil dio conum inim dolobor.

Yours truly,

Letter Writer

FIRST M. LAST, MD

Chair, Department of *Xxxx*
Chief, Section of *Xxxxx*

PO Box 208xxx
New Haven CT 06520-8xxx
T 203 737-XXXX
F 203 785-XXXX
firstname.lastname@yale.edu
www.medicine.yale.edu

courier

Section or Department Name
Building Name (ABREV)
Room xxx
New Haven CT 065xx



CONTENT

There have been templates created to handle multiple contact numbers, addresses and/or names.

Yale SCHOOL OF MEDICINE

Department of Xxxxx

January 17, 2009

Mr. Person Person
123 Anywhere Street
Anytown, Anystate 01010

Dear Mr. Person:

LoremDeliqui tat doloborem adit niat ip eummolor illuapat. Ut autet aut lutetue tat dolor adit alit nulputpatio corper sequis nos nos enit aute min ut incinim dolutetue delit adipit, voluptat. Giat utpat, vulput vel ut laor sed dolortisim elis nisi exer augait aliquis do odit ulla cortincinci eugiat la feugiam enim vel dignit delit volobor sim

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feuis eraessi.

Essim vel ullutat. Commodiam, sums
ero dit venim diam nulputetum nulla
cum essi blanlaore conse eros nostie v

Yours truly,

Letter Writer

Section Name

FIRST M. LAST, MD

Title

Title

PO Box 208xxx
New Haven CT 06520-8xxx
T 203 737-xxxx
203 xxx-xxxx *appointments*
203 xxx-xxxx *pager*
203 xxx-xxxx *lab*
203 xxx-xxxx *office*
F 203 785-xxxx
firstname.lastname@yale.edu
www.medicine.yale.edu

courier

Section or Department Name
Building Name (ABREV)
Room xxx
New Haven CT 065xx

clinical location
Street Address
Suite or Room Number
New Haven CT 065xx

← This letterhead shows how multiple phone numbers are handled, as well as the addition of a clinical location.

When multiple names are listed, they move to the bottom of the column and are set in upper/lowercase as opposed to smallcaps.

Yale SCHOOL OF MEDICINE

Department of Xxxxx

January 17, 2009

Mr. Person Person
123 Anywhere Street
Anytown, Anystate 01010

Dear Mr. Person:

LoremDeliqui tat doloborem adit niat ip eummolor illuapat. Ut autet aut lutetue tat dolor adit alit nulputpatio corper sequis nos nos enit aute min ut incinim dolutetue delit adipit, voluptat. Giat utpat, vulput vel ut laor sed dolortisim elis nisi exer augait aliquis do odit ulla cortincinci eugiat la feugiam enim vel dignit delit volobor sim ationse quatio et, venibh et venis dolobor sectem dolor alisim nullaore dionsequat, quam irilis nulla consectetue ver ipsusto et atis aliscil dit la augiat iuscipit lore dunt acincillam ilis niam, quamet nulla cortio dolum il dit praestrud et, veleseq uatet, se do odiamcor adip ex eum illaore magna faciliscipis adio el dipit, vero commolortie duis am, con ut lortis diat. Do et augiatu erciduis deliquis non henibh ea cor seniam, con veliquam velis alisci bla autpatem ing ero etumsan ullaortie commy num zzriusto erit acincilit wissi endion etum.

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Yours truly,

Letter Writer

Section Name

PO Box 208xxx
New Haven CT 06520-8xxx
T 203 737-xxxx
F 203 785-xxxx
www.medicine.yale.edu

courier

Section or Department Name
Building Name (ABREV)
Room xxx
New Haven CT 065xx

First M. LastName, MD
Chair

First M. LastName, MD
First M. LastName, MD
First M. LastName, MD
First M. LastName, MD



CONTENT

A line of text may be added to the bottom of any letterhead to describe or clarify an affiliation.

Yale SCHOOL OF MEDICINE

Department of Xxxxxx

January 17, 2009

Mr. Person Person
123 Anywhere Street
Anytown, Anystate 01010

Dear Mr. Person:

LoremDeliqui tat doloborem adit niat ip eummolor illuptat. Ut autet aut lutetue tat dolor adit alit nulputpatio corper sequis nos nos enit aute min ut incinim dolutetue delit adipit, voluptat. Giat utpat, vulput vel ut laor sed dolortisim elis nisi exer augait aliquis do odit ulla cortincinci eugiat la feugiam enim vel dignit delit volobor sim ationse quatio et, venibh et venis dolobor sectem dolor alisim nullaore dionsequat, quam irilis nulla consectetue ver ipsusto et atis aliscil dit la augiat iuscipit lore dunt acincillam ilis niam, quamet nulla cortio dolum il dit praestrud et, veleseq uatet, se do odiamcor adip ex eum illaore magna faciliscipis adio el dipit, vero commolortie duis am, con ut lortis diat. Do et augiatu erciduis deliquis non henibh ea cor seniam, con veliquam velis alisci bla autpatem ing ero etumsan ullaortie commy num zzriusto erit acincilit wissi endion etum.

Unt venim zzrit at wisim et prat nulla con volore velendit velit, quamcon sequipsummy nim velesto odoluptat augiametuer ing euissis ex ex ea faccum vulput dolutpat. Volorper sim zzril eu feugiam zzrit utpatum zzrit lore tat. Ecte velit nim velis nulla consed do conullum illa feuguer ad mincilisim delesequate enim alis nonsequate diam, si blaore faciduip erat, core do odigniam ex el iriusto euiscin vel ipis adigna feuis eraessi.

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Yours truly,

Letter Writer

FIRST M. LAST, MD

Title

Title

PO Box 208xxx

New Haven CT 06520-8xxx

T 203 737-xxxx

F 203 785-xxxx

firstname.lastname@yale.edu

www.medicine.yale.edu

courier

Section or Department Name

Building Name (ABREV)

Room xxx

New Haven CT 065xx



→ A line of text could be included on any of these templates to explain the affiliation of the entity.