

# Directory Listing & Suite Signage

Return completed form to Healthcare Realty:  
**EMAIL** tsmith@healthcarerealty.com  
**MAIL** 1200 Binz Street, Suite 700  
Houston, TX 77004

Tenant name: \_\_\_\_\_

Building address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tenant contact email: \_\_\_\_\_

*Enter names exactly how they are to appear on the directory/sign. For changes to existing entries, provide correct information in Additions and prompt removal of the old entry in Deletions.*

### Add the following doctors:

	LAST NAME:	FIRST NAME:	MI (optional):	CREDENTIALS:	SUITE #:
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

### Add the following businesses:

	BUSINESS NAME:	SUITE #:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

### Delete the following doctors and businesses:

	DOCTOR/BUSINESS NAME:	SUITE #:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

**AUTHORIZED BY:**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Electronic signature represented by blue type)  
**Name (print)** \_\_\_\_\_ **Title** \_\_\_\_\_

