

(Please complete this form with the necessary information to develop your professional
Landing Page and prepare your advertising campaigns.)

1. General Information

Doctor's Full Name(s):

Clinic or Practice Name:

Phone Number:

Full Office Address:

Current Website (if applicable):

2. About Us Information

Brief Description of the Practice (mission, vision, years of experience, focus, etc.):

Please describe your medical practice in 3–5 sentences.

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3. Main Doctor Information

Doctor's Full Name:

Title or Specialization (MD, DO, etc.):

Short Professional Bio (education, experience, specialties):

Professional Photo of the Doctor (please paste your link):

Certifications or Memberships (optional):

(If there's more than one, please enter one per line)

Linkedin

Instagram

Other

Observations

If there's more than one doctor in your ENT office, please add their information.
If not, you may leave this section blank.

3.1. Additional Doctor Information

Doctor's Full Name:

Title or Specialization (MD, DO, etc.):

Short Professional Bio (education, experience, specialties):

Professional Photo of the Doctor (please paste your link):

Certifications or Memberships (optional):
(If there's more than one, please enter one per line)

LinkedIn

Instagram

Other

Observations

If there's more than one doctor in your ENT office, please add their information.
If not, you may leave this section blank.

3.2. Additional Doctor Information

Doctor's Full Name:

Title or Specialization (MD, DO, etc.):

Short Professional Bio (education, experience, specialties):

Professional Photo of the Doctor (please paste your link):

Certifications or Memberships (optional):
(If there's more than one, please enter one per line)

LinkedIn

Instagram

Other

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4. Services and Specialties

List of Services Offered:

(One per line. Example: Sinus Surgery, Allergy Testing, Hearing Loss, Sleep Apnea, etc.)

Brief Description of Each Service:
(1-2 sentences per service)

Main tagline or message (e.g., "Helping you breathe better every day"):

Yes: No:

Preferred Call-to-Action buttons (e.g., "Book Appointment", "Call Now"):

Yes: No:

LinkedIn

Instagram

Facebook

Other social media

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5. Contact Information and Office Hours

Main Phone Number:

WhatsApp (if applicable):

Email for Inquiries:

Open Hours: (If left blank, we'll assume you're unavailable at those hours)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Close Hours:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you accept emergency or walk-in patients?

Yes: No:

6. Legal & Compliance Information

Do you have a Terms & Conditions page?

Yes (attach link) No, need on

Do you have a Privacy Policy?

Yes (attach link) No, need on

Is your practice HIPAA compliant?

Yes In Progress No, N/A

Additional Notes or Comments

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7. Additional Materials

Please paste your link, for the following materials (if available)

- Clinic logo (high resolution)
- Office or facility photos
- Branding materials or brochures
- Patient testimonials or reviews
- Licenses or professional awards

8. Additional Notes or Comment

9. Advertising Campaign Information (Google Ads / Meta Ads)

Which services would you like to promote or prioritize?

(Example: Allergy Testing, Hearing Loss Treatment, Sinus Surgery, etc.)

List of possible keywords or search terms that patients might use to find you

(Example: ENT specialist, sinus doctor near me, ear infection treatment, pediatric ENT, etc.)

Target locations:

ZIP Codes (if available)

If you currently have or have had digital marketing campaigns, please complete this section.
Otherwise, you may leave it blank.

10. Current campaigns

Do you currently have active campaigns?
(Please share details)

Yes: No:

Who filled out this Brief Message?

Full Name(s):

By signing below, you confirm that all information provided is accurate and truthful to the best of your knowledge. This brief is intended solely to gather accurate details about your ENT practice for marketing and informational purposes.