

**Order Form  
Duplicate Wallet ID Card  
Georgia Composite Medical Board  
2 Peachtree Street, NW**

*Note: To order and pay for your duplicate wallet ID card online instead of by mail, log in at  
<https://versa.medicalboard.georgia.gov/datamart/gadchMainMenu.do>*

- Complete (print/type) form below. If you have both a mailing address and a practice address in our records, your mailing address will be printed on your wallet identification card. If you want your practice address printed on the card, you must change your mailing address so it is the same as your practice address.
- Submit this form with your payment of \$25 by personal check, money order or cashiers check made payable to the Georgia Composite Medical Board.

**Complete all information below:**

**Name:** \_\_\_\_\_ **License No.:** \_\_\_\_\_

Is this a new or corrected name?      Yes      No

**License type (select only one type):**      **Amount enclosed:** \$ \_\_\_\_\_

Physician	Residency Training	Pain Management Clinic
Physician Assistant	Respiratory Care Prof	Acupuncturist      Perfusionist
Orthotist	Prosthetist	Orthotist/Prosthetist (Dual)
Assistant Laser Practitioner		Senior Laser Practitioner

Mailing Address: \_\_\_\_\_

(Street Address, including suite/unit number)

\_\_\_\_\_ City      State      Zip

email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Is this a new or corrected mailing address?      Yes      No

**Return this completed form with the required fee to:**

**Georgia Composite Medical Board  
2 Peachtree Street NW, 36<sup>th</sup> Floor  
Atlanta, Georgia 30303**

*Please allow 7 days for delivery.*