

GCMB Profession Database Order Form

INSTRUCTIONS:

- √ Check the Profession(s) you wish to order
- √ Include contact information for requestor and receiver of data if different
- √ Attach check or money order payable to **GCMB** or **Georgia Medical Board** and mail to the:

Georgia Medical Board
Attn: Licensure Database
2 Peachtree Street NW 6th Floor
Atlanta, Georgia 30303

Orders are will be emailed within 48 hour following receipt of this form & payment. Mailed CD's only on request or inability to deliver by email (You may provide your own UPS/FedEx packaging for rush delivery).

If you need to verify receipt of the order or have any questions, contact the Board at (404) 656-3913 or database@dch.ga.gov.

CHECK CATEGORY:

- Physicans (MD &DO) (\$500)** **Clinical Perfusionist (\$200)** **Physician's Assistant (\$200)**
 Acupuncturist (\$200) **Respiratory Care Professional (\$200)**
 Orthotist & Prosthetist (\$200) **Residency Training (\$200)** **Pain Mgt Clinic (\$200)**
 All Professions (\$1,100)

****Type or print neatly****

Requestor's Name & Company

Recipient's Name (If different from Requestor's)

Telephone Number

Email Address

Physical Delivery Address

OR Enter FTP delivery info, if applicable

City, State and Zip Code

Special instructions, if applicable

GCMB USE ONLY:

Date Received

Date Filled

Amt Received

Initials: _____