

# 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 36<sup>th</sup> 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](mailto: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: \_\_\_\_\_