

CSBME 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 **CSBME** or **Georgia Medical Board** and mail to the:

**Georgia Medical Board
Attn: Katonya Reynolds
2 Peachtree Street NW 36th Floor
Atlanta Georgia 30303**

Orders are mailed First Class, 48 hours following receipt of this form. (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 Katonya Reynolds at (404) 656-3913 or kreynolds@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)**
 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 address, if applicable

City

State

Zip Code

OR

Enter FTP address, if applicable

CSBME Use Only

Date Received

Date Filled

Initials