

# **ABIME Board of Registry** **National Directory Order Form**

Over 1,000 physicians listed by name, location & medical specialty

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company/Clinic: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I am a Physician. Medical Specialty: \_\_\_\_\_

I select physicians to perform Independent Medical Examinations.

Price per Directory is \$150.00 US Funds.

Payment Information:  Check  Visa  MasterCard  AmEx  Discover

Card Number: \_\_\_\_\_ Exp. Date (m/y): \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may fax or mail this form to:  
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Fax No: (304) 733-5243  
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