

**Order Form
Decorative Wall Certificate (Physician)**

**Georgia Composite Medical Board
2 Peachtree Street, NW
36th Floor
Atlanta, GA 30303
(404) 656-3913**

- Complete (print/type) form below – your name will be printed on the wall certificate the same as on your wallet identification card.
- Submit this form with the **\$50 fee** by personal check, money order or cashiers check made payable to the Georgia Composite Medical Board.

Please do not submit this form and fee until you are in receipt of your wallet identification card.

Name: _____ License No.: _____

Mailing Address: _____
(Street Address)

(City) (State) (Zip)

Daytime Telephone No.: _____

Return this completed form with the required fee to:

**Georgia Composite Medical Board
Wall Certificates
2 Peachtree Street NW, 36th Floor
Atlanta, Georgia 30303**

Please allow four (4) weeks for delivery.