

# Subscription Order Form

Subscribe now and don't miss one exciting issue of **Physician Referral & Telephone Triage Times**.

**YES!** I want to receive **Physician Referral & Telephone Triage Times** for the next year at \$255.

- |   |   |
|---|---|
| <input type="checkbox"/> Payment enclosed     | <input type="checkbox"/> This is a renewal                      |
| <input type="checkbox"/> Bill me later        | <input type="checkbox"/> Call me for an interview on an article |
| <input type="checkbox"/> VISA/MASTERCARD/AMEX |   |

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name \_\_\_\_\_

Institution \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mail to: **Physician Referral &  
Telephone Triage Times**  
P.O. Box 76002  
Atlanta, GA 30358-1002

*For faster service fax your order to:*  
**770-457-4606**