

**MEDICAL TERMS FORM**

Please do your best to fill out this form as accurately as possible.  
We will notify when the announcement is posted. Please make sure  
you check your spelling.

In completing this medical terms form please fill out complete names  
In Address and locations, please give city state and zip.

Date you want medical terms to come out \_\_\_\_\_

medical terms will not be published until receive a date.

If partners are available please list full names of all partners involved

Full names and address of medical terms \_\_\_\_\_

Partners (include address) \_\_\_\_\_

other partners (include address) \_\_\_\_\_

Are the medical terms partners on the Internet? Yes\_\_\_\_ No\_\_\_\_

If no list the relationship of the medical terms \_\_\_\_\_

Company been in business for how long? \_\_\_\_\_

Partner employed by \_\_\_\_\_

NAME AND DAYTIME NUMBER (WITH AREA CODE) OF A PERSON AVAILABLE TO ANSWER QUESTIONS

\_\_\_\_\_

I certify to the best of my knowledge my information is true.

(Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

mail completed forms to:

MEDICAL TERMS DEPT  
medical terms times  
po box 391  
midland tx 79701