

**ONLINE MEDICAL CONSULTATION 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 online medical consultation form please fill out complete names  
In Address and locations, please give city state and zip.

Date you want online medical consultation to come out\_\_\_\_\_

online medical consultation will not be published until receive a date.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 online medical consultation \_\_\_\_\_

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

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

Are the online medical consultation partners on the Internet? Yes\_\_\_\_ No\_\_\_\_

If no list the relationship of the online medical consultation

\_\_\_\_\_

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:  
ONLINE MEDICAL CONSULTATION DEPT  
online medical consultation times  
po box 391  
midland tx 79701