# INFORMATION RX ORDER FORM

## GENETICS HOME REFERENCE MATERIALS

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Product Code</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetics Home Reference Rx pad (order limit 25 pads)</td>
<td>RXPC</td>
<td></td>
</tr>
</tbody>
</table>

Please send my health information materials to:

Name ____________________________________________________________
Organization or Practice ____________________________________________
Address __________________________________________________________
Address2 __________________________________________________________
Send to the Attention of: __________________________________________
City __________________________________________ State ______________
Zip Code __________________________________________________________
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Email ____________________________________________________________

Materials will be used by (please note category that best applies)

- [ ] AFP Member
- [ ] AAP Member
- [ ] ACOG Member
- [ ] Other Physician
- [ ] Other Health Care Professional
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To Place Orders
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