

Protocols are newly rewritten, referenced with the latest clinical evidence, and updated regularly!

Anita Nelson MD, Medical Director

For only \$10 per month, you'll receive a 2-year, web-based subscription!

(Full payment of \$240 due at time of purchase)

Protocols include Contraception, STIs, Breast Disease,
Prenatal, and more

To subscribe, please submit the Subscription Form and payment of \$240, by mail, fax or email. A login/user name and password will be sent to you by email to access the protocols.

Payment can be made by check or credit card. Credit Card Authorization Form attached. Checks payable to: LA BioMed

## Mail:

VHCC Outreach & Education Program
Attn: Bill Warren
1124 West Carson St., N28
Torrance, CA 90502

<u>Fax</u>: (310) 222 5348 Email: bwarren@labiomed.org

For more information, please contact Bill Warren at 310-222-3711 or bwarren@labiomed.org

## **Medical Protocol Subscription Form**

Clinic name of subscriber	Name of contact person		
Address	City	State	Zip
Phone	Other Phone		
E-mail address (required in order to receive notice	e of newly updated chapters)		
Women's Health Care Clinic Outreach & Education Program  Los Angeles Biomedical Research Institute  at Harbor-UCLA Medical Center  CREDIT CARD AUTHORIZATION FORM			
<b>Card Type</b> □ VISA □ MASTERO	CARD   AMERICAN EX	XPRESS □ DIS	SCOVER
Cardholder's Name (as it appears on the card)			
Card Number	Expiration Date		
Credit Card Verification Code  [For Visa/MasterCard, this is the last 3 digits on back of card on signature panel.  For American Express, this is the 4 digits on front of card above the credit card number)			
Billing Address (where credit card billing statement is mailed)  Cardholder's Phone			
	Amount Authorized	\$	
City State Zip			
Email	(a	receipt will be	e sent to via email)
I, the above cardholder authorize the above amount that I, the above cardholder acknowledge that the a Education Program authorized charges. I further vereverse of the above-indicated credit card.	bove payment is for Women's	Health Care C	Clinic Outreach and
Cardholder's Signature		Date	

Fax to (310) 222-5348 or Scan/email to <a href="mailto:bwarren@labiomed.org">bwarren@labiomed.org</a>