Texas State Board of Podiatric Medical Examiners

MAILING ADDRESS: P.O. Box 12216, Austin, TX 78711-2216 **PHYSICAL ADDRESS**: 333 Guadalupe, Suite #2-320, Austin, TX 78701
TELEPHONE: 512.305.7000 **FAX:** 512.305.7003 **WEBSITE ADDRESS:** www.tsbpme.texas.gov

PODIATRIC PHYSICIAN DATABASE LIST ORDER FORM

Office Use Only:
Request Number _____; # of Records_____; Mailed _____; Cost _____; Check # _____

COST: ♦ CD/Electronic Mail: **$100.00.**
♦ Breakdown of any one city/county/zip code/etc. provided electronically: **$50.00** for each individual breakdown.

Select: Product Format, Status, Sort Criteria, File Type & Complete "Ordering Entity Information" Box

Product Format: (Check One)

☐ CD ☐ Electronic Mail

Status: (Check all categories needed.)

☐ All ☐ Active ☐ Delinquent ☐ Inactive ☐ Revoked
☐ New ☐ Suspended ☐ Temporary ☐ Cancelled ☐ Retired
☐ Provisional ☐ Deceased ☐ Exempt

Sort Criteria: (Indicate order preference.)

☐ Alpha by Name (i.e. Last/First Name) ☐ License Number ☐ Alpha by City ☐ Zip Code

File Type:

☐ A. **Tab-Separated Text Files (.tab)**
☐ B. **Comma-Separated Text Files (.csv)**
☐ C. **DBF Files (.dbf)**
☐ D. **Merge Files (.mer)**
☐ E. **HTML Table Files (.htm)**
☐ F. **FileMaker Pro Files (.fmp12)**
☐ G. **XML Files (.xml)**
☐ H. **Excel 95-2004 Workbooks (.xls)**
☐ I. **Excel Workbooks (.xslx)**

ORDERING ENTITY INFORMATION

Company Name: _____

Requestor's Name: _____

Address: _____

Phone: _____ Fax:_____

E-Mail Address: _____

Requestor's Signature: _____ Date: _____

REV: 11/01/2015