

BEVERLY HILLS IRANIAN-AMERICAN DOCTORS

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Last Name First Name Office Telephone No.

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Medical School Yr. Graduated Residency Yr. Finished

Board Certification Teaching Appointment

Tell us something about your specialty and interests

Do you accept these Insurances, please circle them:

Cash Medi-Cal Medicare PPO HMO Other

Please type it and mail it back with your resume and your \$100.00 dues for 2006, if not yet paid. We need it as soon as possible.