



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

**GEORGIA BOARD OF DENTISTRY
DECORATIVE WALL CERTIFICATE
ORDER FORM**

- ❖ Complete print/type form below – your name will be printed on the wall certificate the same as on your pocket-card license.
- ❖ Submit this form with the \$50 fee by personal check, money order or cashier’s check made payable to the Georgia Board of Pharmacy.
- ❖ **Please do not submit this form and check until you are in receipt of your license.**

Name: _____

Mailing Address: _____

(City) (State) (Zip)

Daytime Telephone #: _____

License #: _____

Return this completed form with the required fee to:

**GEORGIA BOARD OF PHARMACY
2 Peachtree St., N.W.
36th Floor
Atlanta, GA 30303**

Please allow six (6) weeks for delivery.