

MeDiCa

Name: _____

Institution: _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____

Country _____ Postal code _____

Tel number: _____

Fax number: _____

Email address: _____

Comments: _____

Submit to: medica@medica-dx.com or fax: (760) 634-5442 or phone: (760) 634-5440 or (800) 845-6496 (US only)