

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

REQUEST FOR WALLET CARD

Please explain why you are requesting a wallet card:

- ☐ Lost
☐ Never Received
☐ Stolen
☐ Other _____

I declare under the penalties of perjury that my statement above is true and correct.

_____/_____/_____
Signature Date

PRINT NAME: _____ LICENSE #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

- ☐ This is a change of address.

If this is a change of address, please indicate if this change should also be reflected on your home or business address.

- ☐ Home
☐ Business

For Office use only

Date Received: ____/____/____

Date Completed: ____/____/____

Completed by: _____