

Order Form for 500
How Women Can Protect Themselves in
Medical Settings *Booklets*

Name: _____

Organization / College Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____

Email: _____

Mail a check payable to **Medical Patient Modesty** for **\$917** to

Medical Patient Modesty

P.O. Box 652

Hazelwood, NC 28738