

LOS ANGELES PEDIATRIC SOCIETY CONTACT CHANGE FORM

PLEASE USE THIS FORM TO UPDATE ANY OF YOUR CONTACT INFORMATION: PREFERRED BILLING AND MAILING ADDRESSES, OFFICE ADDRESSES, PHONE NUMBERS, EMAIL, ETC.

PLEASE INDICATE WHICH INFORMATION SHOULD BE USED FOR THE ONLINE PHYSICIAN LOCATOR.

PLEASE PRINT OR TYPE ANY CHANGES BELOW

Submitted by: Name _____
First Middle Last Affiliation Initials

Preferred Mailing Address Office Location: yes no

1. _____
Street City State Zip

Email _____ Phone _____ Fax _____

For LAPS internal use only

Include as an addition to existing information on Physician Locator.

Change existing information on Physician Locator to above information

Preferred Billing Address (if different from above) Office Location: yes no

2. _____
Street City State Zip

Email _____ Phone _____ Fax _____

For LAPS internal use only

Include as an addition to existing information on Physician Locator.

Change existing information on Physician Locator to above information

YOU MAY EMAIL CHANGES TO: eseaman@lapedsoc.org

OR RETURN THIS FORM BY MAIL TO: LAPS
P.O. Box 4198
Torrance, CA 90510-4198

OR Fax to: 310-782-9856

P.O Box 4198, Torrance, CA 90510-4198 • 310-347-8087 • Fax 310-782-9856
Email • eseaman@lapedsoc.org • meosborne@lapedsoc.org • www.lapedsoc.org