

Payment Coupon

Name:_____

Address:_____

Phone:_____

Email:_____

Profession:(Circle) OT OTA PT PTA Student Other

License number:_____

Employer:_____

Amount: (Circle) \$210 \$189

Make checks payable to 3Kings Upper Extremity Specialists and mail to:

56 Solana Rd

Ponte Vedra Beach, FL 32082