

## MedLink Neurology — Retiree Discount Form

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Please complete this form – then sign and email ([service@medlink.com](mailto:service@medlink.com)) or fax (619-640-4664) it to MedLink Subscriber Services along with **evidence of your retired status**. (This could be a photocopy or screen shot of your current inactive Medical Board licensure status, or a copy of your registration certificate, etc.)

### Subscriber Information (\*required info):

|              |        |              |  |
|--------------|--------|--------------|--|
| *First Name: |        | *Last Name:  |  |
| *Username:   |        |              |  |
| Address:     |        |              |  |
| Address:     |        |              |  |
| City:        | State: | Postal Code: |  |
| Country:     |        |              |  |
| *Phone:      | Fax:   |              |  |
| *Email:      |        |              |  |

### CERTIFICATION OF RETIREMENT STATUS

**\*\*The information below is required; rebates will not be processed if any information is missing\*\***

I certify that I am a retired medical professional.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Current Date) (dd/mm/yyyy)