



Reviewer information form

1. Please provide the following contact information

Name _____ Degree _____
 Title _____
 Organization _____
 Postal address _____

 City, State, Zip _____

Phone 1 _____
 Phone 2 _____
 Fax _____
 E-mail _____

It is easiest to get in touch with me by	
<input type="checkbox"/> Telephone	Please check all that apply.
<input type="checkbox"/> Fax	
<input type="checkbox"/> E-mail	
<input type="checkbox"/> Mail	

2. Describe your practice setting (Rural/Urban, solo/group, academic/nonacademic, owner/employee, family practice/multispecialty, etc.):

3. List areas of special interest or expertise that may be pertinent to topics covered in *FPM*.

Subject area	Nature of interest or expertise
A.	
B.	
C.	
D.	
E.	

For additional comments: