



ID Card Proof

Page 1 of 1 : Please fill in what you'd like on the ID Card. Note that there is room for 2 lines of info.

**Fax Return Proof to:
218-525-3335 • no cover sheet is necessary**

	CLINIC: _____ ADDRESS: _____ NAME: _____ DOB: _____ DATE: _____
	For Reorder call: Lake Superior X-Ray (218)525-3393 or 1-800-777-4518
	CLINIC: _____ ADDRESS: _____ NAME: _____ DOB: _____ DATE: _____

**Fax Return Proof to:
218-525-3335 • no cover sheet is necessary**