

COLUMBUS OTOLARYNGOLOGY CLINIC

4508 38TH STREET, SUITE #152
COLUMBUS, NE 68601-1668

402-563-4500 Fax: 402-563-3520

Nila M. Novotny, M.D., FAAOHS, FACS, FAAFPRS
OTOLARYNGOLOGIST
Board Certified

Email: janovot@megavision.com
Website: www.columbusotolaryngology.com

Andrea J. Bieganski, P.A.-C.

Ear, Nose and Throat
Head and Neck Surgery
Facial Plastic Surgery

FAX TRANSMISSION COVER SHEET

DATE: _____ FAX #: (____) _____

TO: _____ NUMBER OF SHEETS: _____

ATTN: _____

PATIENT REGISTRATION CHECKLIST

1. Complete and sign the Minor Child Registration Form
2. Complete both pages (1 & 2) of Patient History Form
3. Complete Injury Report
4. Complete Automobile/Homeowners Insurance Information Form
5. Complete and sign Patient Consent/Acknowledgement Form
6. Print out HIPAA - Notice of Patient Privacy
7. Please gather any auto, homeowners or health insurance cards or other insurance information and bring them with you to the appointment
8. The completed forms can be:
 - a. Brought in at the time of the appointment, or
 - b. Faxed to 402-563-3520, or
 - c. Mailed to:

Columbus Otolaryngology Clinic
4508 38th St., Suite #152
Columbus, NE 68601-1668

SINCERELY,

(Please sign your name below)

BY: _____

NOTICE

This message is intended for the use of the person or office to whom it is addressed, and may contain information that is privileged, confidential or protected by law. All others are hereby notified that the receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone at (402) 563-4500, and return the original message to us at the above address vis United States Postal Service. Thank You!