

Adult Registration - No Accident or Injury Involved - Complete!

NOTICE:

- 1) You will be asked to sign any documents which require a signature.
- 2) Also, gather any health insurance cards or other insurance information and bring them with you to the appointment.
- 3) This information 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

Columbus Otolaryngology Clinic

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