The Medical Center Bowling Green

Pre-Registration

Fax

| То: | Sheila Still | From: | | |
|---|-------------------|------------------|--------------------|--|
| Fax: | 270-796-2178 | Work Phor | ne: | |
| Phone: | 270-745-1398 | B Home Phor | ne: | |
| Date: | | Alternate | Alternate Phone: | |
| Procedure Type: | | Email: | Email: | |
| Please | mark each | document that is | being faxed below: | |
| ☐ Can we s | send your confirm | ation by email? | | |
| □ Photo ID □ Insu | | ☐ Insurance Card | rance Card | |
| ☐ General Conditions ☐ TB/Lat | | □ TB/Latex | □ Kasper | |
| □ Physician Order □ Pre-Registration Form | | | | |
| □ DSH App | lication | | | |
| | | | | |

You will receive confirmation by email or phone once your Pre-Registration is complete.