

# The Medical Center Bowling Green

## Pre-Registration

### Fax

To:	Sheila Still	From:	
Fax:	270-796-2178	Work Phone:	
Phone:	270-745-1398	Home Phone:	
Date:		Alternate Phone:	
Procedure Type:		Email:	

### Please mark each document that is being faxed below:

Can we send your confirmation by email?

Photo ID

Insurance Card

General Conditions

TB/Latex

Kasper

Physician Order

Pre-Registration Form

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