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| CLINIC INFORMATION |
| **Clinic Name** | **Address** | **Suite/Unit #** | **City** | **Province** | **Postal Code** |
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**BLUEBIRD CLIENT CONTACT INFORMATION**

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| Personnel Contact Information |
| **First Name** | **Last Name** | **Title/Position** | **Direct Phone #** | **Ext. #** | **Email** |
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| PRIMARY CONTACT |
| **First Name** | **Last Name** | **Title/Position** | **Direct Phone #** | **Ext. #** | **Email** |
|  |  |  |  |  |  |
| BILLING CONTACT (if different than primary contact)  |
| **First Name** | **Last Name** | **Title/Position** | **Direct Phone #** | **Ext. #** | **Email** |
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| Personnel Contact Information |
| **First Name** | **Last Name** | **Title/Position** | **Direct Phone #** | **Ext. #** | **Email** |
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Please email completed form to paul.reckas@bluebirdinc.com.