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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](mailto:paul.reckas@bluebirdinc.com).