

Patients wishing to register for a medical second opinion must download and complete the forms linked below and fax or mail signed forms to:

Fax Number

(402) 552-2405

Mailing Address

Nizar Mamdani, Executive Director

International Healthcare Services

988130 Nebraska Medical Center

Omaha, NE 68198-8130

USA

Courier Address

3333 Farnam Street

2nd Floor, Suite 2010

Omaha, NE 68131

USA

Forms

[Patient Proxy Form](#)

[Consent Form](#)