

Please make the following change to my listing:

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax to: Michael S. Nussbaum, M.D.  
Secretary, Central Surgical Association  
513-558-7061