



Patient label here

**\*\*\*Please fax to 403-986-7258 with copy of Ambulatory Care Record\*\*\***

**Please Give Copy of this to the Patient**

**Cast Clinic Appt Request**

Your appointment with the Orthopedic Surgeon in the **Cast Clinic** will be at Central Alberta Orthopedics in the Skyway Medical Building located at Suite 300, 4309 52 Ave.

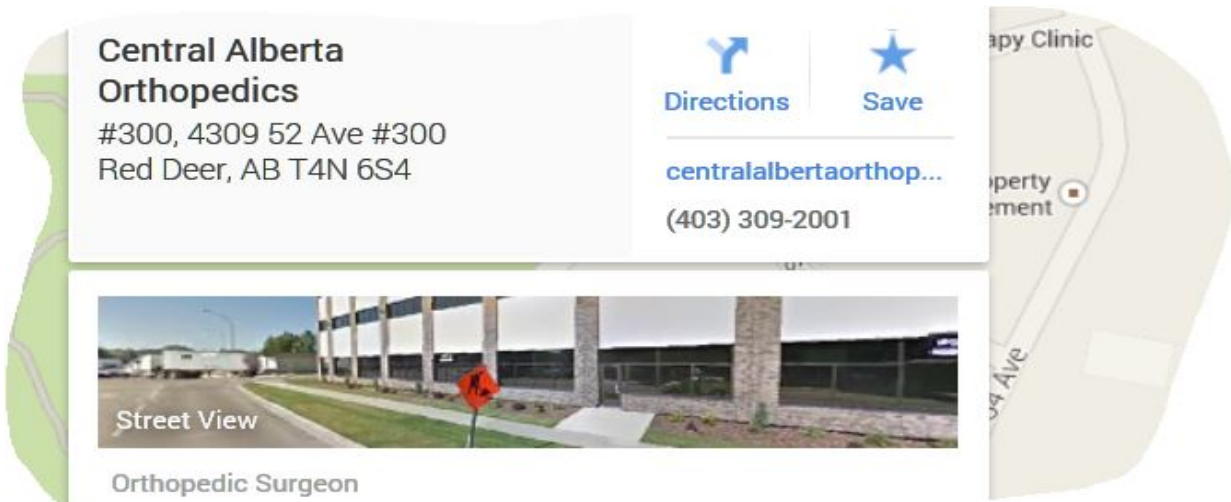
**Your patient will receive a call from the clinic with your appointment time**

Patient name, address, current phone number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Orthopedic Surgeon: \_\_\_\_\_

Requested Appt Date: \_\_\_\_\_



**\*\*\*Visit our Website at [www.caortho.ca](http://www.caortho.ca)\*\*\***