



Appointment Confirmation

Date _____

To the Attention of

Dr _____ Fax _____

Patient Information

Last Name _____ First Name _____

DoB (mm/dd/yyyy) _____

Appointment Confirmation

Thank you for your referral.

This is to inform you that your patient above has been booked for an initial appointment on:

Counselor _____ Email _____

If you have questions, please contact us:

 info@telecbt.ca

 www.telecbt.ca

