sehc.com

Notes:

Health

Saint Elizabeth Nursing Care Centre
414 Victoria Ave North
Hamilton, ON L8L 5G8
905-972-0800

Patient Name: _____

Nurse: _____

Your appointments have been scheduled for:

_______________ ______________________ at __________

_______________ ______________________ at __________

_______________ ______________________ at __________

_______________ ______________________ at __________

_______________ ______________________ at __________

_______________ ______________________ at __________

_______________ ______________________ at __________

_______________ ______________________ at __________

_______________ ______________________ at __________

_______________ ______________________ at __________

This time is reserved for you. A **24 hour** notice is required
if you are unable to keep your appointment.
Please call the number provided.