PATIENT APPLICATION FORM

NAME	
HOME ADDRESS	
EMAIL	
PHONE NUMBER	

REFERRING DOCTOR INFORMATION

***Results will be released to your Referring Doctor**

REFERRING DOCTOR NAME	Patrick Laing
CLINIC ADDRESS	1306 Central St E. Prince George, BC
CLINIC EMAIL	drpatricklaing@gmail.com
CLINIC PHONE NUMBER	236-423-3688

BILLING METHOD PREFERENCE

Credit card on file: Visa/MasterCard #: _____

Expiry: _____ CVV: _____

Signature: _____

Please fill out and email back to sales@sibocanada.com

Or fax to (604) 514-8557