



22 Wing Medical Clinic
95 Manston Crescent
Hornell Heights, ON
POH 1P0
705-494-2011 ext. 2149
Fax: 705 494 6228



Patient Registration Form

Instructions:

Please read the information below, fill out the form to the best of your ability.

*It is important to note that Clinic **will not accept patients that already have a family physician.** Provincial Medical agreements prevent patients from having multiple family physicians.*

A. Service Member Primary Info:

Service Member Number: _____

Rank, Last Name, First Name: _____

B. Family Members Primary Info:

1. Last and First Name: _____ DOB: _____

Health Card Number: _____

2. Last and First Name: _____ DOB: _____

Health Card Number: _____

3. Last and First Name: _____ DOB: _____

Health Card Number: _____

4. Last and First Name: _____ DOB: _____

Health Card Number: _____

5. Last and First Name: _____ DOB: _____

Health Card Number: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____