

Specialized Geriatric Services Summary of your visit

Name: _____

Clinic Visit Date: _____

McMaster University Medical Centre
1200 Main Street West
Hamilton, ON
Telephone: 905-521-5051

Medication instructions:

Lab work or tests needed:

Health recommendations:

Follow-up appointments with other health professionals:

Your next clinic visit:

- ✓ Please provide a 24-hour cancellation notice.
- ✓ **Please bring all medications including herbal and non-prescription medications in their bottles, dosette boxes or blister packs.**
- ✓ Parking ½ hour or less: \$3.50
Daily maximum: \$20.00
Prices subject to change.

Doctor: _____

Case Manager: _____