Patient label here

*****Please fax to 403-986-7258 with copy of Ambulatory Care Record*****

Please Give Copy of this to the Patient

Brent Sutter Sports Medicine and Acute Injury Clinic Appointment Request

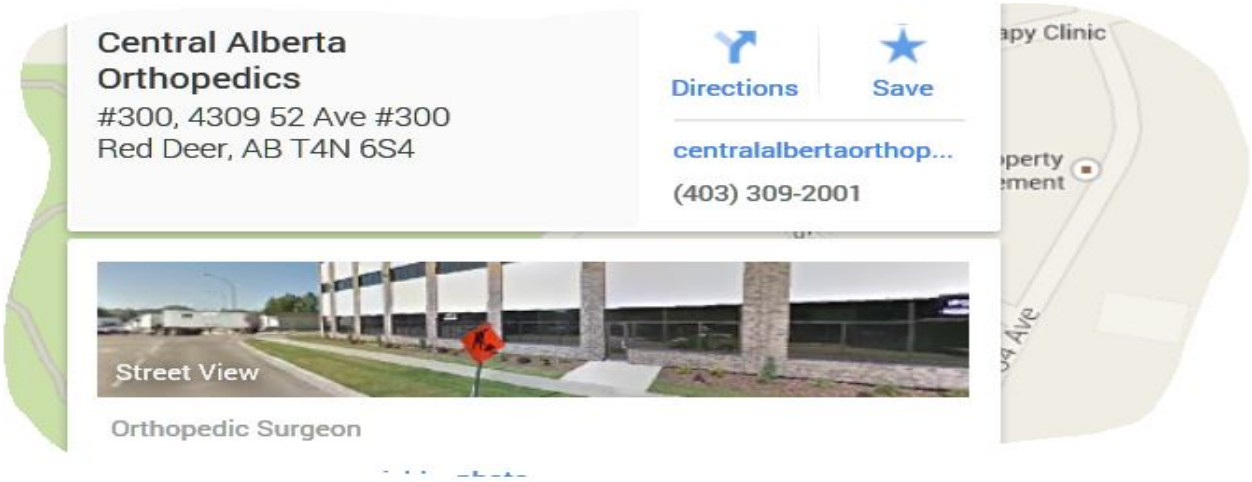
Your appointment at the **Sports Medicine Centre** will be at Central Alberta Orthopedics in the Skyway Medical Building located at Suite 300, 4309 52 Ave.

Your patient will receive a call from the clinic with your appointment time

Patient Name: _____

Referring Physician: _____

Orthopedic Surgeon: _____



*****Visit our Website at www.caortho.ca*****