



WINNIPEG CLINIC



Infusion/Injection Appointment Request Form

Winnipeg Clinic Infusion Centre

Phone: (204) 957-3286

Fax: (204) 942-2044

Prescribing MD: _____ Clinic Name: _____

Phone: _____ Fax: _____

Patient Name: _____

DOB: _____

Address: _____

PHIN (9 digits): _____ MHSC#: _____ Treaty#: _____

Hm#: _____ Cell#: _____

Ht: _____ Wt: _____

Treatment: _____ Diagnosis/Reason: _____

Prior Treatment: _____ Adverse reactions with treatment?: _____

Does Patient Have Insurance: YES ___ NO ___

Name of Insurance Company: _____

Please attach: Any relevant labs, Prescription with desired dose, & Standing orders.

Prescription may be filled at Winnipeg Clinic Pharmacy or pharmacy of choice.

Winnipeg Clinic Pharmacy

Phone: (204) 957-3310, Fax: (204) 947-1306