



WOODSTOCK HOSPITAL  
Woodstock, ON

## COLPOSCOPY (OUTPATIENT) BOOKING SLIP

Patient Name: \_\_\_\_\_

HC Number: \_\_\_\_\_

PIN Number: WH \_\_\_\_\_

DOB: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ Age: \_\_\_\_\_  
MMM DD YYYY

Phone number that we can reach patient at incase of a time change: \_\_\_\_\_

OHIP  Self Pay

Procedure Date: \_\_\_\_\_

Procedure Time: \_\_\_\_\_

Outpatient Procedure:  Colposcopy  LEEP  Other: \_\_\_\_\_

**Special Concerns** (ie medical alerts, from Nursing home, non-ambulatory [wheelchair or stretcher]):  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_

**Surgeon Printed Name:** \_\_\_\_\_

**Surgeon Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### INCOMPLETE FORMS WILL BE FAXED BACK TO THE PHYSICIAN'S OFFICE

Hours for Booking Office: 07:30 until 16:30 Monday to Friday

Please **fax** booking slip to Booking Office at **519-421-4238**.

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**If you receive this communication in error, please notify Woodstock Hospital Booking Office immediately by telephone (519-421-4211 extension 2234).**