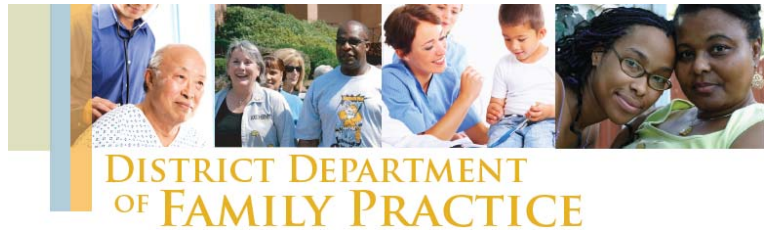




Capital Health



PHC Connections

Please complete the form below and return by fax (454-7107) or email (ddfp@cdha.nshealth.ca)

by **January 14, 2011.**

You will be contacted by our PHC Connection Co-ordinator in the very near future.

- Yes, I am accepting new patients (no limit on number of new patients)
- Yes, I will accept ____ new patients
- Yes, I will accept ____ new patients with the following restrictions:

- No, I am not willing to accept new patients at this time

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____
