

Installation : _____

**CONSIGNES POST VISITE À L'URGENCE - RELANCE
HÔPITAL ANNA-LABERGE**

* The user's telephone number was confirmed.

☐ You will need an X-RAY in approximately:

You will need to: ☐ Go to Radiology at the time determined by the doctor (no appointment)

- *It is possible to schedule an appointment at a radiology clinic of your choice.*

IMPORTANT: Bring your radiology referral (pink paper) with you

☐ You will receive a **phone call** for a **MEDICAL IMAGING or RADIOLOGY EXAM** in approximately: _____

☐ Ultrasound: _____

☐ CT scan: _____

☐ MRI: _____

☐ You will need LAB TESTS in approximately:

☐ Blood test

☐ Specimen: _____

☐ Other: _____

- You will need to: ☐ Make an appointment at the CLSC, the LPS or another location offering the service in your area (by phone or through www.clicsante.ca)
- ☐ Make an appointment at the collection centre at Hôpital Anna-Laberge (450-699-2464)
- ☐ Drop off your specimen at the Hôpital Anna-Laberge laboratory or at your local CLSC (during business hours)
- ☐ Call the clinic: : _____

IMPORTANT:

Bring your referral with you (laboratory or prescription form)

Dossier : _____

Nom, prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa/mm/jj

NAM : _____ Exp. _____
aaaa/mm

Nom, prénom de la mère : _____

☐ **You will need to schedule a FOLLOW-UP WITH A DOCTOR** in approximately: _____

☐ **AFTER YOUR EXAM**

You will need to:

- ☐ Make an appointment with your family doctor
- ☐ **For users without a family doctor only:** Make an appointment at the emergency follow-up clinic (450-699-2464)

☐ **FOLLOW-UP MEDICAL APPOINTMENT**

in approximately: _____

You will need to:

- ☐ Call the appointment centre (450-699-2464)

☐ **FOLLOW-UP MEDICAL APPOINTMENT WITH A SPECIALIST**

You will receive a call with the date and time of your appointment at the following clinic: _____

☐ You have an appointment at the following clinic:

on _____ yyyy/mm/dd at hh:mm

Location: ☐ Hôpital Anna-Laberge outpatient clinics

☐ Clinic: _____

- ☐ Request for outpatient consultation given to user
- ☐ Request for consultation faxed to centralized outpatient access point

☐ **FOLLOW-UP WITH YOUR FAMILY DOCTOR**

A finding on an exam may require a follow-up with your family doctor. We will give you a summary for your doctor, so they can prescribe the necessary exams and follow-up.

- ☐ Copy given to user and placed in the record
- Your doctor can consult the results in the QHR.

Signature and title: _____ Date: yyyy/mm/dd