Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Dossier : _____

Nom, Prénom : _____

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

NAM : _____ Exp. _____
aaaa-mm

Nom, Prénom de la mère : _____

Installation : _____

FAILURE TO CONTACT USER FOR MEDICAL FOLLOW-UP AFTER A VISIT TO EMERGENCY

Sir/Madam:

We would like to schedule a follow-up appointment to review the exams or tests done during your emergency visit.

☐ We haven't been able to reach you by phone, either due to an incorrect number or no valid number on file.

☐ We tried to reach you to schedule an appointment but were unsuccessful after three (3) attempts over 15 business days.

In accordance with the *Act respecting health services and social services*, and departmental standards on access management, we are now required to suspend your request.

Please call us at 450-699-2425, ext. 4425, within 30 days of the date of this letter, failing which we will remove your name from our follow-up list. Where applicable, you will need to see your referring doctor or family doctor for a reassessment of your health condition.

We take the management of our waiting list very seriously, to ensure all users have access to healthcare in a timely manner.

Thank you for your understanding.

Sincerely,

Specialized medical clinics team,

Signature : _____ Date : yyyy/mm/dd

c. c. Dr _____
Medical records