

# CONFIRMATION OF APPOINTMENT

*Your next appointment with*

**DR. A. JASTRZEBSKI**

Dr. .... Phone: 204-788-5785 ..... is for

*Tues*

DAY

*APR 12/22*

DATE

*3:00*

at ..... a.m. / p.m.

790 Sherbrook Street  
Winnipeg  
R3A 1M3

**MANITOBA CLINIC**

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT  
PLEASE INFORM THE DOCTOR'S OFFICE.

FORM 38

Phone 774-6541