

Our Communities  Our Hospital
LAKE OF THE WOODS DISTRICT HOSPITAL

Diagnostic Imaging Department

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FACSIMILE COVER LETTER

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FROM: Diagnostic Imaging

TO: Shirley Keesick

FAX NO: 807-735-2727 TELEPHONE# _____

DATE/TIME SENT: May 2

RE: Appointment

TOTAL NUMBER OF PAGES, INCLUDING COVERING LETTER: 1
(Please notify if all pages not received)

ORIGINAL TO FOLLOW IN MAIL: YES: _____ NO: X

ADDITIONAL COMMENTS: This is an appointment confirmation for patient, Shirley Keesick DOB: 19-06-57 for a CT Scan

on May 17, 2024 @ 10:30 am. Thank you.