

# PREVENTATIVE CARE REFERRAL CARDS

**Please let us know how we can help you!**

**Our team will get in touch with you within 48 business hours.**

**Name:**

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**Phone Number:**

.....

**Email:**

.....

**Address:**

.....

**Date of Birth:**

.....

**Status in Canada:**

.....

**Services Requested:**

.....

**Health Card #:**

.....

**Notes:**

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**supportline@pchs4u.com**



**437-243-3735**



**www.pchs4u.com**



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**Address: 60 West drive ,Brampton. Unit 202**