

COMPLEMENTARY CHECKUP REMINDER

Our records show you are due for your complementary checkup appointment.

Please complete the form to request an appointment.

Name John Smith	
Phone 222-333-8888	Email ildikopap@yahoo.ca
Select your preferred day of the week	
<input type="checkbox"/> No preference	<input type="checkbox"/> Monday
<input checked="" type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Select your preferred time of the day	
<input type="checkbox"/> Any time	<input type="checkbox"/> Morning
<input checked="" type="checkbox"/> Afternoon	<input type="checkbox"/> Evening