

TRANSFER NOTICE FORM

Patients being transferred to St. Boniface General
Hospital for a Heart Cath Procedure

TRANSFERRING FACILITY:

1. Complete this form.
2. Fax this form and the admission summary sheet or Transfer Sheet when the ambulance /stretcher service is physically leaving your facility with the patient for S.B.G.H.

**FAX to 233-7877 - S.B.G.H. PATIENT REGISTRATION
Y2 - 0630-1630 - MONDAY TO FRIDAY ONLY**

FAX TO 235-3140 - ALL OTHER HOURS

PATIENT'S NAME: _____

MAIDEN NAME: _____

CATH DATE: _____ TIME: _____

CARDIOLOGIST: _____

IF PROBLEMS WITH THIS FAX, PLEASE CALL _____

TRANSFERRING FACILITY UNIT
TELEPHONE NUMBER