



Appointment Tracking Form

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This is to certify that _____ was seen for medical appointments at Aurora Reproductive Care in Saskatoon on the following dates.

Date	Reason for Visit

Sincerely,
Allison Case, MD, FRCSC/Adrian Gamelin, MD, FRCSC

**Please use this form to keep track of your appointments for income tax purposes.
Dr. Case or Dr. Gamelin will sign upon completion of your treatment cycle.**