



**PAYWAND Medical Centre**  
**Walk-in & Family Practice**  
**113-3905 Major Mackenzie Dr W**  
**Vaughan, ON**  
**L4L 1A6**  
**Tel: 289-304-4666**

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**Patient Information:**

Last Name:..... First Name:.....  
Date of Birth:..... Gender.....M.....F.....  
Address:..... City:.....  
Post Code:..... Home Tel:..... Cell:.....  
OHIP No.:..... VC:..... Exp Date:.....  
Email:.....

**Health Information:**

Reason for visit:.....  
Allergies:.....  
Current medications:.....  
Any ongoing medical conditions:.....  
Family Physician Name:.....  
  
Signature:..... Date:.....

**NO NARCOTICS OR CONTROL SUBSTANCES PRESCRIBED IN THIS CLINIC**