

Examining Physicians- Dr. [redacted] and Dr. [redacted] Toronto, Ont.

Form 100.—3M-6-25

The Ontario Hospital ORILLIA

NOTICE OF ADMISSION

BY WARRANT

FILE NO.

BY CERTIFICATE Medical Certificates

DEPT. INDEX.

OR VOLUNTARY

" LEDGER.

Re [redacted]

Sir:—

Oct. 7, 19 26

I have the honor to notify you that [redacted] (Name)

of the city of Toronto in the County (City, Town, Village or Township)

of York; whose Post Office address is

[redacted] was the 7th day

of October 19 26 ADMITTED as a Free patient in this Hospital at (Paying or Free)

\$ per week. Maintenance to be paid by

Patient's Age 17 years Married or Single Single

I have the honor to be,

Sir,

Your obedient servant,

[redacted] Acting Superintendent

To the Deputy Provincial Secretary, Toronto, Ont.

THIS NOTICE MUST BE MAILED IN DUPLICATE TO THE DEPARTMENT IMMEDIATELY ON THE ADMISSION OF PATIENT.