

CLINIC SEEKING PHYSICIANS

| SOUTH CALGART | |
|--|--------|
| Clinic Name: | |
| Address: | |
| Days of Week & Hours: | |
| Walk Ins: Yes | No |
| EMR: | |
| Opportunity Type (Associate, Co-owner, FT/PT, etc.): | |
| Number positions available: | |
| | |
| If interested in this opportunity, contact: | |
| Clinic Contact Name: | |
| Phone: | Email: |
| Website: | |
| Comments / Other Information: | |