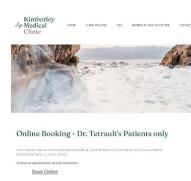
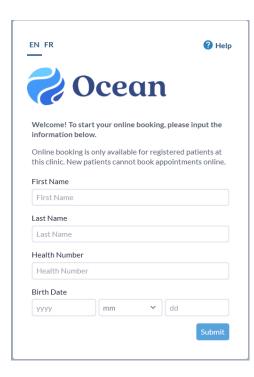
Booking an appointment online



Step 1

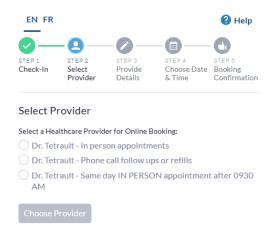
Click on the Book Online tab



Step 2

Complete your

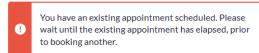
- Name
- Last name
- Health card number
- Date of Birth



Step 3

Select the provider and appointment type

Permission Denied



Error You will receive this message if you have already booked an appointment. You can only have one booked appointment



Step 4

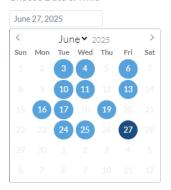
Select one of the dates with available appointments

Choose Date & Time





Choose Date & Time



Available time slots:

9:00 AM	10:10 AM	11:20 AM
9:10 AM	10:20 AM	11:30 AM
9:20 AM	10:30 AM	11:40 AM
9:30 AM	10:40 AM	
9:40 AM	11:10 AM	

You are requesting an appointment on Friday, June 27, 2025 at 9:00 AM with Dr. Tetrault - In person appointments.

To receive an appointment confirmation by email, please provide your email address below:

your email

Book Appointment

Step 5

Once you have selected the date, the available appointment times will appear.

- Select a time
- Enter your email address for the confirmation email.



Step 6

Print or add the appointment to your calendar.

Booking Confirmation



Your appointment has already been booked. If you would like to make changes to your appointment, please check your confirmation email or contact your clinic directly for assistance.

Your appointment is scheduled for:

Friday, June 27, 2025 - 9:00 AM with Dr. Tetrault - In person appointments

Kimberley Medical Clinic 260 4 Ave Kimberley, BC V1A 2Y6

250-427-4861

https://www.kimberleymedicalclinic.com/



Download ICS

Your answers have been successfully submitted. You may close this window.



Booking Confirmation

Your appointment is scheduled for:

Friday, June 27, 2025 - 9:00 AM with Dr. Tetrault - In person appointments

Kimberley Medical Clinic 260 4 Ave Kimberley, BC V1A 2Y6

250-427-4861

https://www.kimberleymedicalclinic.com/

Print Confirmation

Add to Google Calendar

Download ICS

Please review the following demographic information we have on file. If anything needs to be updated or is incorrect please enter the correct information and click next.

First Name:		
Middle Name:		
Surname:		
Street Address Line 1:		
Line 2:		_
City:		
Province:	BC	*
Postal Code:		
Birth Date: 1970-05-15		
Home Phone #:		
Mobile Phone #:		
Email:		

Step 7

Check and confirm your contact information.

Any changes here will be reflected in your chart at the clinic. Please make sure the information is correct!