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Mowachaht/Muchalaht First Nation

ATTENDED APPOINTMENT Confirmation Form

To Whom It May Concern;

Hello and good day. For Auditing purposes, we require confirmation of all appointments attended under “medical travel.” Please complete this form and return to Mowachaht/Muchalaht First Nation Administration Office.

If the patient does not attend or cancels their appointment, we would appreciate notification either by phone, fax or email.

Name of Patient: _____

Date of Birth: _____

Doctor/Specialist: _____

Appointment Date: _____

Time: _____

Stamp/Signature stating patient has attended appointment

Thank you,

Laureen Amos, Patient Travel & Membership Clerk

Email: patienttravel@yuquot.ca