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## **Mowachaht/Muchalaht First Nation**

### **BOOKED APPOINTMENT**

#### Confirmation form

To Whom It May Concern;

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

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Doctor/Specialist: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

Stamp/Signature stating patient has an appointment in your office.

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Thank you,

Laureen Amos, Patient Travel & Membership Clerk

Email: [patienttravel@yuquot.ca](mailto:patienttravel@yuquot.ca)