



**MOWACHAHT | MUCHALAHT**  
— FIRST NATION —

**Health Department**

**Attended Appointment - Confirmation**

**Date**

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.

**Patient Details**

<b>Patient Full Name</b>	<b>Date of Birth</b>
<b>Doctor / Specialist</b>	
<b>Appointment Date</b>	<b>Appointment Time</b>

**Signature**

\_\_\_\_\_  
**Signature confirming Appointment**

**Doctor/Specialist Stamp**

**NB: Form must be stamped or signed by the doctor's office**

Thank you,

Jill George, Patient Travel & Membership Clerk

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