Splatsin Health Services

PO Box 460 Enderby BC V0E 1V0
5771 Old Vernon Road
Tel: 250-838-9538
Fax: 250-838-9548
www.splatsin.ca

Medical Transportation Confirmation Form
Please complete the following:

Patient Information

Name of Patient: _____

Status Number: _____ **Date of Birth:** _____
(DD/MM/YYYY)

Phone Number: _____

Clinic Use Only

This letter will confirm that the patient above has attended their medical appointment

Name of Physician/Specialist: _____

Physician/Specialist Address: _____

Purpose of doctor visit: _____

Date of Appointment: _____ **Time:** _____
(DD/MM/YYYY)

_____
Medical Office Stamp or Doctor/Receptionist signature

Note to Band Members: Confirmation of attendance is required to receive medical transportation. It is your responsibility to obtain this confirmation and submit it to the Medical Transportation Coordinator after attending your medical appointment. **Failure to submit the required information will affect eligibility for travel assistance in the future.**