



CONFIRMATION OF ATTENDANCE FORM

PERSONAL AND CONFIDENTIAL

To be completed by Health Professional or Health Facility and emailed to medicaltravel@klahoose.org

The Klahoose First Nation Medical Travel Program provides Medical Travel Benefits to assist Klahoose Band Members living off reserve in B.C. to access medically, required health services that cannot be obtained on the reserve or in the community of residence.

One criteria of the Medical Travel Program is that the client **must** submit a signed and/or stamped confirmation of Attendance Form to our office in order to be reimbursed or have future travel arranged. We appreciate and thank you for your cooperation.

Please confirm that the following patient had attended the following appointment at your office:

Patient Name:	Date of Birth:
Date of Appointment:	Time of Appointment:

Physician's Professional Address Stamp:

Physician Name: (please print clearly):

Physician Signature:

This form must be **stamped with the physician's address** or **signed by the physician** confirming your

attendance. Please ensure that the date and time of the appointment has also been included on the form. If the section regarding pending appointments is completed by the same doctor, this will eliminate the need to obtain another confirmation of appointment.

PENDING APPOINTMENT (if known)

Date of appointment: _____ Time: _____

<i>Internal Office Use Only</i>	
Case #: _____	TA #: _____