



**Confirmation of Attendance of Appointment
Gitsegukla Health Programs & Services**

Phone: 250 849 5231 ext. 231 Fax: 250 849 5235 (Toll Free Fax: 1 800
906 6144)

Email: violet.sampare@gitshealth.ca

TO: Doctor or Name of Organization/Hospital: _____

FOR: Emergency Lab Cardiology Audiology Dental Ophthalmology GP Visit

Rheumatology IVIRI Radiology Nuclear Medicine Orthopeadics Pre-Natal

PhysioTherapy Oncology Optometry Other:

FROM: Violet Sampare: Medical Transportation Clerk

In Order for Gitsegukla Health is to Reimburse Any Medical Transportation expenses to a client as Per First Nations Health Authority Policy and Guidelines; Record of All Confirmation for Services must be provided therefore:

PLEASE CONFIRM THAT: _____

**ATTENDED AN APPOINTMENT OR EMERGENCY VISIT AT YOUR FACILITY
ON:**

DATE: _____ @ _____ A.M./P.M. **YES:** _____ **NO:** _____

A FOLLOW UP APPOINTMENT IS SET FOR:

DATE: _____ @ _____ A.M./P.M.

PHYSICIAN'S PROFESSIONAL STAMP HERE:

Signature or Authorized Representative: _____

**** PLEASE BRING OR THIS FAXED TO THE GITSEGUCLA HEALTH AS SOON AS POSSIBLE TO AVOID ANY DELAYS OR CANCELLATIONS OF FURTHER MEDICAL TRANSPORTATION PRIVILEGES. GITSEGUCL HEALTH WILL NOT BE RESPONSIBLE TO FAX OR CALL TO CONFIRM APPOINTMENTS**