



Confirmation of Specialist's Appointment

Three Corners Health Services Society is responsible for Medical Transportation for the mentioned client. Please have this confirmation form stamped or initialled by the Receptionist or Specialist and returned to Three Corners Health Services Society. We will need this form for proof that the patient has attended the Specialist appointment.

The scheduled appointment for _____ with
(Name)

Dr. _____ was attended

on _____, at _____ AM / PM.
(Date) (Time)

Specialist or Doctor's Office Stamp and/or Signature

Three Corners Health Services Society
150 North 1st Avenue
Williams Lake, BC
V2G 1Y8
Phone: 250 398 9814 Fax: 250 398 9824
email: mtreception@tchss.ca

*If you should have any question regarding this confirmation form you may contact
the Medical Transportation Coordinator
at the above address and phone number.*