

Weeneebayko Area Health Authority

P.O. Box 34, Moose Factory, ON, POL 1W0

Tel. Number: 705.336-2947 Fax. Number: 1.705.336.2637

NON-INSURED HEALTH BENEFITS MEDICAL TRANSPORTATION PROGRAM CONFIRMATION (PROOF) OF ATTENDANCE

PATIENT	INFORMAT	ION			, , , , , , , , , , , , , , , , , , , ,			
Client Nan	ne(s)		-					
Sutherland,		Registration No	Date of Birth					
		1420098501	07-Mar-1951					
Failure t	o return this will jeopardiz	confirm e reimb	ation (p ourseme	oroof) of attendand ent and financial a	ce for the s ssistance v	cheduled appoir with future appoi	tment indicated	
PRIOR APP	ROVAL NUMB	ER:	1		TDANS			
TRAVEL WARRANT NUMBER: 09722				TRAVEL CLERK: Adriane Quache)uachegan	
Health Care		IDER II	NFORM	IATION Address		T	Telephone	
Kent Eye Institute 20-2037 Long Lake Rd. Sudbu.						ON	reiephone	
APPOINTA Appmt. Date 13-Oct-2022	MENT INFOR Appmt. Time 3:30 PM	Special	ON Instruct	tions				
Client can be referred for follow up care at a site closer to their home community Signature or Agency Stamp Discharge Time: (Local Transportation Services must be utilized within 1 hour of discharge time.) TO ENSURE TIMELY AUTHORIZATION FOR RETURN TRAVEL, THIS FORM MUST BE COMPLETED								
		HORI	ATION AND	FOR RETURN TR FAXED TO 1.705.	AVEL, THIS 336.2637	S FORM MUST BI	COMPLETED	
Venn One-Planner Rev. 17-May-2021 Printed: 05							ited: 05-Oct-2022	



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	INFORMAT	ION						
Client Nan		Registration No. 1420098501		Date of Birth				
Sutherland,	David			07-Mar-1951				
Failure	to return this will jeopardiz	confirm e reimb	ation (pourseme	oroof) of attendar ent and financial	ce for the s assistance v	chedule with futu	d appointr	
PRIOR APP	ROVAL NUMB	ER:			TYPO A LOWER			
TOALCE			097221047			CLERK: Adriane Quachegan		
HEALTH (Provider	IDER II	NFORM	IATION Address			11	
Kent Eye Institute				20-2037 Long Lake Rd. Sudbury ON			elephone	
	MENT INFOR Appmt. Time 12:00 AM		Instruct	tions				
Signature Discharg	e or Agency Sta	#	See	are at a site closer to	Date Date utilized	tten o H M within 1 ho	Le I D U U U U U U T U U T U U T U U	
IO ENSUR	E TIMELY AL	JTHORIZ	ZATION AND	FOR RETURN TF FAXED TO 1.705	RAVEL, THIS .336.2637	FORM	MUST BE	COMPLETED
Venn One- Rev. 17-Ma							Printe	ed: 06-Oct-2022



20-2037 Long Lake Rd., Sudbury ON P3E 6J9 T: 705-806-6060 F: 705-806-2223

2022-Oct-13

RE: David Sutherland 1951-Mar-07

To whom it may concern,

This is a note confirming the appointment for David Sutherland on 2022-Oct-13 at 3:30pm. He may need to stay 2 nights accommodation.

Thank you

Sarah A. Office Administrator for Dr. Kent