



Weeneebayko Area Health Authority

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P.O. Box 34, Moose Factory, ON, P0L 1W0

Tel. Number: 705.336-2947

Fax. Number: 1.705.336.2637

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

PATIENT INFORMATION

Client Name(s) <i>Sutherland, David</i>	Registration No. <i>1420098501</i>	Date of Birth <i>07-Mar-1951</i>
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Failure to return this confirmation (proof) of attendance for the scheduled appointment indicated will jeopardize reimbursement and financial assistance with future appointments.

PRIOR APPROVAL NUMBER:		TRAVEL CLERK: <i>Adriane Quachegan</i>
TRAVEL WARRANT NUMBER:	<i>097221047</i>	

HEALTH CARE PROVIDER INFORMATION

Health Care Provider <i>Kent Eye Institute</i>	Address <i>20-2037 Long Lake Rd. Sudbury ON</i>	Telephone
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APPOINTMENT INFORMATION

Appmt. Date	Appmt. Time	Special Instructions
<i>13-Oct-2022</i>	<i>3:30 PM</i>	<i>Dr. Shefalee Kent</i>

Client can be referred for follow up care at a site closer to their home community

Signature or Agency Stamp

2022/10/13
Date

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 AND FAXED TO 1.705.336.2637



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APPOINTMENT INFORMATION

Appmt. Date	Appmt. Time	Special Instructions
<i>14-Oct-2022</i>	<i>12:00 AM</i>	<i>Dr. Shefalee Kent</i>

Client can be referred for follow up care at a site closer to their home community

** See attachment - attended*

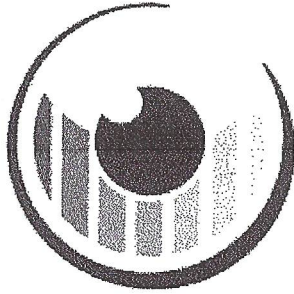
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KENT

EYE INSTITUTE

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 accomodation.

Thank you

Sarah A.
Office Administrator for Dr. Kent