



CONFIRMATION FORM

Please CONFIRM that: Louella Virginia Peters
 Date Of Birth: March 14, 1952
 Band Status Number: 7050044301
 Location of appointment: Lillooet
 Date: June 18/26 Time: 5pm

Reason for Appointment:

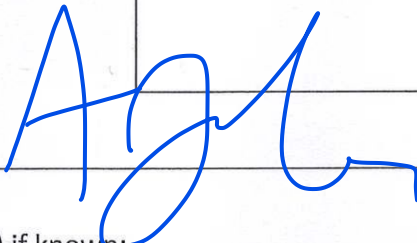
Consultation Diagnostic tests Treatment/Surgery Follow-up
 Was an escort required? YES NO

Reason for Escort:

- Has a physical/mental disability such that he/she cannot travel without help
- Is medically incapacitated/has been declared "mentally incompetent" by a court
- Is a minor and needs to be accompanied/requires legal consent by a parent or guardian
- Needs translation, if translation services are not available at the health facility
- Requires instruction on necessary medical procedures that cannot be given to the client only
- Other (must be a medical or legal reason):

Physician's Professional Stamp Here:

Alexander Jobe, OD BC 1814
 Lillooet Sea to Sky Optometry
 917 Main St, Lillooet, BC V0K 1V0

Authorized Signature: 
 Pending appointment(s) if known: _____

By confirming attendance, this client can continue to receive financial assistance through our medical assistance program.



Lytton First Nation Ti'Kemtsin
 Community Health Centre
 PO Box 20, Silo Road, Lytton, BC V0K 1Z0
 250.256.8129
 patienttravel@lfn.band

Thank you!