



Ochiichagwe' Babigo' Ining Ojibway Nation

22 Band Office Rd, Dalles, ON P9N 0J2

Tel: (807) 548-5876 // Fax: (807) 548-2337 // Web: www.ochiichag.ca

Toll Free: 1 (888) 767-4960

TO: Whom It May Concern
RE: Confirmation of Attendance
FROM: Wayne Henry, Community Health Representative/ ADI

This is to confirm that _____ was seen by _____
(Patient's name) (Doctor / Health Care Provider)

On _____ at _____ AM/PM
(Date) (Time)

Signature/Stamp of Doctor or Health Care Provider

FOLLOWING PORTION IS FOR FNIHB REPORTING USAGE ONLY

BAND NAME:	STATUS #:
GENDER: MALE / FEMALE	TYPE OF APPT:
DOB (MM/DD/YYYY):	(Medical Drive Insert – Only)

NOTE: PLEASE return confirmation slip to Medical Drive and/or CHR/ADI as soon as you return from your appointment.

MEDICAL CELL: (807) 407-3107