



H'ulh-etun Health Society

8019 Chemainus Road
Chemainus BC, V0R 1K5

Phone: (250) 246-2127 Fax: (250) 246-9590

Patient Travel Benefits Request

Dear Community Member:

As part of First Nations and Inuit Health Patient Transportation Policy you are required to take this form with you to your appointment and have it signed by the Specialist Office Staff as confirmation of attending your appointment. The form will not be accepted if not complete.

NAME: _____ PHONE: _____

D.O.B: _____ BAND NAME: _____ STATUS #: _____

DATE OF APPOINTMENT: _____ TIME: _____

NAME OF SPECIALIST: _____

SPECIALIST ADDRESS:

SPECIALIST CONFIRMATION SIGNATURE OR RECEPTIONIST'S

SIGNATURE: _____ PHONE NUMBER: _____

This form must be signed and returned to H'ulh-etun Health Society Monday-Friday 8:30-4:30pm.

Driver's Name: _____