 

**Nuchatlaht Tribe Administration**

**P.O. Box 40, Zeballos B.C.**

**V0P 2A0**

**Phone: 250-332-5908**

**Fax: 250-332-5907**

**Confirmation Client attented appointment**

Name of Client:

Date of appointment:

Time of appointment:

**Hospital/Health Clinic**

**confirmation stamp / signature:**

**Please return to Community Health Representitive**