



**Nuchatlaht Tribe Administration**  
**Box 40 Zeballos, B.C V0P 2A0**  
**Ph: (250) 332-5908 Fax: 332-5907**  
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**Confirmation of Appointment**

Date of Appointment \_\_\_\_\_ Time of Appointment \_\_\_\_\_

Name of Client: \_\_\_\_\_

Hospital/Health Clinic: confirmation stamp: signature \_\_\_\_\_

**return to Community Health Rep.**



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