

Sisseton -Wahpeton Oyate

LAKE TRAVERSE RESERVATION

OLD AGENCY, BOX 509 * 12554 BIA HWY 711

OLD AGENCY, SD 57262-0509

PHONE: 605-698-3911 * EXT-8201 * FAX 605-742-0604

SWO ELDERLY AFFAIRS MEDICAL TRANSPORTATION PROGRAM

TELEPHONE: 605-698-8201/8384

FAX: 605-742-0604

IF POSSIBLE, PLEASE FAX BACK TO SWO ELDERLY PROGRAM

VERIFICATION OF MEDICAL APPOINTMENT

PLEASE USE THIS FORM AS VERIFICATION UPON COMPLETION OF MEDICAL APPOINTMENTS

I, _____ AGREE TO RETURN THIS SIGNED MEDICAL VERIFICATION FORM TO THE SWO ELDERLY AFFAIRS PROGRAM AFTER MY DOCTOR APPOINTMENT IS COMPLETED ALSO, IF MY APPOINTMENT HAS BEEN CANCELLED AND/OR RESCHEDULED DUE TO UNFORSEEN CIRCUMSTANCES PLEASE LET THE SWO ELDERLY STAFF KNOW.

IMPORTANT: PLEASE READ!

IF ANYONE FAILS TO RETURN THIS SIGNED VERIFICATION FORM OR IF THEY OWE ANY PAST VERIFICATION FORMS THEY WILL BE INELIGIBLE FOR FURTHER ASSISTANCE UNTIL ALL FORMS ARE TURNED IN. (IT IS YOUR RESPONSIBILITY)

THANK YOU!

TO BE FILLED OUT BY MEDICAL PROVIDER, MEDICAL STAFF OR NURSE

DATE OF APPOINTMENT: _____ TIME: _____

NAME OF FACILITY, HOSPITAL OR CLINIC: _____

PHONE NUMBER OF FACILITY: _____

DOCTOR, MEDICAL STAFF/PROVIDER SIGNATURE: _____