

Marion Holiday Park
323 Sturt Rd Bedford Park, SA 5042



Date: _____

This document is to confirm that _____

Is attending **Flinders Medical Centre/Flinders Private Hospital** and has an appointment with
_____ on the following dates _____

Signature of Patient

Flinders Medical Signature

Or

A relative has been admitted to **Flinders Medical Centre/Flinders Private Hospital**.

Contact Person:

Ph: _____

Name and Position of Authorising Person

Signature of Authorising Person
