

**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

\_\_\_\_\_