

Marion Holiday Park

323 Sturt Road, Bedford Park SA 5042



Holiday Park
Adelaide SA

Date: _____

This document is to confirm that

Is **attending** Flinders Medical Centre / Flinders Private Hospital and has an appointment with

_____ on the following dates _____

OR is 12 months post treatment as Flinders Medical Centre/Flinders Private Hospital.

Signature of Patient

Flinders Medical Signature

OR

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

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