

# **Cystic Fibrosis Clinic Visit Confirmation**

## **BC Cystic Fibrosis Subsidy Program**

Please complete and submit with your application for reimbursement of expenses for travel and accommodation following your CF Clinic visit.

**Name of Patient:**

**Birth Date:**

**Address:**

**Date of CF Clinic Visit:**

**Clinic Attended:**

### **Confirmation of Clinic Attendance**

**Name of Clinic Personnel:**

**Signature:** \_\_\_\_\_

**Date:**