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COMMISSION OF INQUIRY INTO THE CIRCUMSTANCES  
SURROUNDING THE DEATH OF PHOENIX SINCLAIR

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**Commission Disclosure 2068**

SAMANTHA KEMATCH

Date:

Sep 09, 2005

2820176001

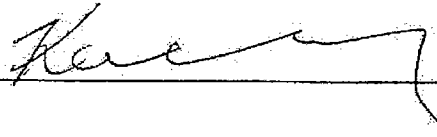
KEMATCH, SAMANTHA

Amount:

\$125.00

Cheque Description:

Signature of Recipient:



Fisher River Cree Nation Health Centre

Toll Free: (866) 254-2808

Cheque No.:

007914

Appointment Attendance Confirmation Slip

Date:

Sep 09, 2005

Patient Name: KEMATCH, SAMANTHA

DIAND#: 2820176001

Date of Birth: Sep 09, 1981

Referred From:

Referred To: Menticoglou, Dr. S. (Phone: 787-1781)

Reason:

Address: Women's Centre, 735 Notre Dame Ave

Appointment Date(s): Sep 12, 2005

Time: 9:30:00 AM

Confirmation:



(Authorized Signature or Stamp)

Fisher River Cree Nation Health Centre

Cheque No.: 007984

KARL MCKAY

Date: Sep 16, 2005

2820057301

MCKAY, WESLEY KARL

Amount: \$125.00

Cheque Description:



Signature of Recipient: Karl McKay

Fisher River Cree Nation Health Centre

Toll Free: (866) 254-2808

Cheque No.: 007984

Appointment Attendance Confirmation Slip

Date: Sep 16, 2005

Patient Name: MCKAY, WESLEY KARL

DIAND#: 2820057301

Date of Birth: Mar 28, 1962

Referred From: Boyang, Dr.

Referred To: MRI Dept., H.S.C., (Phone: 787-1323)

Reason:

Address: GC191, H.S.C., 820 Sherbrook St.

Appointment Date(s): Sep 18, 2005

Time: 1:45:00 PM

Confirmation:

K. Powell 787-1323

(Authorized Signature or Stamp)



**Health Centre**  
Box 362  
Koostatak, MB  
R0C 1S0  
Phone: (204) 645-2689 / 2684  
Fax: (204) 645-2461  
Toll Free: (866) 254-2808

**CANADIAN IMPERIAL BANK OF COMMERCE**  
P.O. BOX 340 PH. (204) 372-6312  
FISHER BRANCH, MB. R0C 0Z0

**Cheque No.: 008315**

Date: Nov 10, 2005

Amount: \$125.00

PAY >>>\$125 AND 00/100<<<

TO THE ORDER OF KARL MCKAY

Authorized by:  
Fisher River Cree Nation Health Centre

PER: *Shirley Harrison*  
PER: *[Signature]*

⑈008315⑈ ⑆00377⑆ ⑆010⑆ 36⑈34116⑈

**Fisher River Cree Nation Health Centre**

Toll Free: (866) 254-2808

**Cheque No.: 008315**

Appointment Attendance Confirmation Slip

Date: Nov 10, 2005

<b>Patient Name:</b> MCKAY, WESLEY KARL	<b>Date of Birth:</b> Mar 28, 1962
<b>DIAND#:</b> 2820057301	<b>Reason:</b>
<b>Referred From:</b>	<b>Time:</b> 9:15:00 AM
<b>Referred To:</b> Wiseman, Dr. David	
<b>Address:</b> Manitoba Clinic, 790 Sherbrook St. (788-5737)	
<b>Appointment Date(s):</b> Nov 14, 2005	
<b>Confirmation:</b> _____ (Authorized Signature or Stamp)	

**Fisher River Cree Nation Health Centre**

**Cheque No.: 008315**

**PAID TO THE ORDER OF** KARL MCKAY

Date: Nov 10, 2005

2820057301

MCKAY, WESLEY KARL

Amount: \$125.00

que Description:



Fisher River Cree Nation Health Centre

Cheque No.: 007991

P KEMATCH, SAMANTHA

Date: Sep 19, 2005

2820176001

KEMATCH, SAMANTHA

Amount: \$125.00

Cheque Description:



Signature of Recipient:

*[Handwritten signature]*

Fisher River Cree Nation Health Centre

Toll Free: (866) 254-2808

Cheque No.: 007991

Appointment Attendance Confirmation Slip

Date: Sep 19, 2005

Patient Name: KEMATCH, SAMANTHA

DIAND#: 2820176001

Date of Birth: Sep 09, 1981

Referred From: Menticoglou, Dr. S.

Referred To: Fetal Assessment Unit, (Phone: 787-3991)

Reason:

Address: Women's Centre, 735 Notre Dame Ave.

Appointment Date(s): Sep 20, 2005

Time: 1:30:00 PM

Confirmation:

*[Handwritten signature: Wendy Rawluk u/c]*

(Authorized Signature or Stamp)

Fisher River Cree Nation Health Centre

MCKAY

Cheque No.: 008094

Date: Oct 04, 2005

2820057301

MCKAY, WESLEY KARL

Amount: \$125.00

Cheque Description:



Signature of Recipient:

*Karl McKay*

Fisher River Cree Nation Health Centre Toll Free: (866) 254-2808

Cheque No.: 008094

Appointment Attendance Confirmation Slip

Date: Oct 04, 2005

Patient Name: MCKAY, WESLEY KARL

DIAND#: 2820057301

Date of Birth: Mar 28, 1962

Referred From:

Referred To: Hoy, Dr. C. (Phone: 942-3128)

Reason:

Address: ARCC, 1850 Main St.

Appointment Date(s): Oct 05, 2005

Confirmation:

*[Handwritten Signature]*

(Authorized Signature of Stamp)

Dr. Conrad Hoy, MD, FRCPC  
Physical Med. & Rehabilitation  
1850 Main St.  
Winnipeg, MB R2V 3J4  
Phone: (204) 942-3128 Fax: (204) 942-3128  
www.ARCC Manitoba.ca

Fisher River Cree Nation Health Centre

Cheque No.: 008228

R&S LTMCKAY

Date: Oct 31, 2005

2820057301

MCKAY, WESLEY KARL

Amount: \$125.00

Cheque Description:

Signature of Recipient:

Fisher River Cree Nation Health Centre

Toll Free: (866) 254-2808

Cheque No.: 008228

Appointment Attendance Confirmation Slip

Date: Oct 31, 2005

Patient Name: MCKAY, WESLEY KARL

DIAND#: 2820057301

Date of Birth: Mar 28, 1962

Referred From:

Referred To: Hoy, Dr. C: (Phone: 942-3128)

Reason:

Address: ARCC, 1850 Main St.

Appointment Date(s): Nov 01, 2005

Time: 10:15:00 AM

Confirmation:

Dr. Conrad Hoy, MD, FRCPC  
Physcial Medicine & Rehabilitation  
1850 Main Street

Manitoba, Canada R2V 3J4  
(Authorized Signature or Stamp)  
942-3128 Fax: (204) 942-3172  
www.arcc.mb.ca

Fisher River Cree Nation Health Centre

Cheque No.: 008097

SAMANTHA KEMATCH

Date: Oct 05, 2005

2820176001

KEMATCH, SAMANTHA

Amount: \$125.00

Cheque Description:

Signature of Recipient:

Fisher River Cree Nation Health Centre

Toll Free: (866) 254-2808

Cheque No.: 008097

Appointment Attendance Confirmation Slip

Date: Oct 05, 2005

Patient Name: KEMATCH, SAMANTHA

DIAND#: 2820176001

Date of Birth: Sep 09, 1981

Referred From:

Referred To: Menticoglou, Dr. S. (Phone: 787-1781)

Reason:

Address: Women's Centre, 735 Notre Dame Ave.

Appointment Date(s): Oct 06, 2005

Time: 1:30:00 PM

Confirmation:

(Authorized Signature or Stamp)

Fisher River Cree Nation Health Centre

Cheque No.: 008264

PAID TO: SAMANTHA KEMATCH

Date: Nov 02, 2005

2820176001

KEMATCH, SAMANTHA

Amount: \$125.00

Cheque Description:

Signature of Recipient:

*Samantha Kematch*

Fisher River Cree Nation Health Centre

Toll Free: (866) 254-2808

Cheque No.: 008264

Appointment Attendance Confirmation Slip

Date: Nov 02, 2005

Patient Name: KEMATCH, SAMANTHA

DIAND#: 2820176001

Date of Birth: Sep 09, 1981

Referred From:

Referred To: Menticoglou, Dr. S. (Phone: 787-1781)

Reason:

Address: Women's Centre, 735 Notre Dame Ave

Appointment Date(s): Nov 03, 2005

Time: 1:30:00 PM

Confirmation:

*S. Menticoglou* MENTICOGLU  
MD

(Authorized Signature or Stamp)



**Health Centre**  
Box 362  
Kooostatak, MB  
R0C 1S0  
Phone: (204) 645-2689 / 2684  
Fax: (204) 645-2461  
Toll Free: (866) 254-2808

CANADIAN IMPERIAL BANK OF COMMERCE  
P.O. BOX 340 PH. (204) 372-6312  
FISHER BRANCH, MB R0C 0Z0

**Cheque No.:** 008013

**Date:** Sep 20, 2005

**Amount:** \$125.00

PAY >>>\$125 AND 00/100<<<

TO THE ORDER OF KARL MCKAY

Authorized by:  
Fisher River Cree Nation Health Centre

PER: *Brenda Herst*

PER: *[Signature]*

⑈008013⑈ ⑆00377⑆010⑆ 36⑈34116⑈

**Fisher River Cree Nation Health Centre**

**Toll Free: (866) 254-2808**

**Cheque No.:** 008013

**Appointment Attendance Confirmation Slip**

**Date:** Sep 20, 2005

<b>Patient Name:</b> MCKAY, WESLEY KARL	<b>Date of Birth:</b> Mar 28, 1962
<b>DIAND#:</b> 2820057301	<b>Reason:</b>
<b>Referred From:</b>	<b>Time:</b> 10:00:00 AM
<b>Referred To:</b> Hoy, Dr. C. (Phone: 942-3128 )	
<b>Address:</b> ARCC, 1850 Main St.	
<b>Appointment Date(s):</b> Sep 21, 2005	
<b>Confirmation:</b> _____ (Authorized Signature or Stamp)	

**Fisher River Cree Nation Health Centre**

**Cheque No.:** 008013

**KARL MCKAY**

**Date:** Sep 20, 2005

2820057301

MCKAY, WESLEY KARL

**Amount:** \$125.00

**Cheque Description:**



**Signature of Recipient:** \_\_\_\_\_