

CONFIRMATION OF HOSPITAL STAY FOR DISCOUNTED HOTEL RATES

This form confirms that _____
(NAME OF PERSON REQUIRING ACCOMMODATION)

is a patient at Peterborough Regional Health Centre (PRHC), or has a family member admitted to PRHC.

Patient/family member: Please check the box next to the hotel where you will be staying, and confirm the current preferred rate with your chosen hotel prior to booking.

HOTEL ACCOMMODATION & ADDRESS	PHONE NUMBER
Holiday Inn, Peterborough Waterfront 150 George Street North, Peterborough, ON	705-743-1144 1-866-258-5181
Comfort Hotel & Suites 1209 Lansdowne Street West, Peterborough, ON	705-740-7000 1-877-316-9948
Best Western Plus Otonabee Inn 84 Lansdowne Street East, Peterborough, ON	705-742-3454 1-800-373-5843
Super 8 1257 Lansdowne Street West, Peterborough, ON	705-876-8898 1-800-800-8000
Motel 6 133 Lansdowne Street East, Peterborough, ON	705-748-0550 1-800-466-8356
Peterborough Inn & Suites 312 George Street North, Peterborough, ON	705-876-6665 1-866-446-4451
Quality Inn Peterborough 1074 Lansdowne Street West, Peterborough, ON	705-748-6801 1-877-316-9949
Twin Pines Bed & Breakfast 1173 Clonsilla Avenue, Peterborough, ON	705-749-2147
Moffat House Bed & Breakfast 597 Weller Street, Peterborough, ON	705-743-7228 1-877-415-1646
Liftlock Bed & Breakfast 810 Canal Road, Peterborough, ON	705-742-0110

PRHC staff member: Your signature confirms that the person presenting the completed form to you is the person named above, and that this person is either (1) a patient OR (2) a family member of a patient currently receiving treatment at PRHC. Please complete and sign the bottom portion of this form only after the top portion has been completed and presented to you by the person named above. Only the person requiring hotel accommodation should be named on this form.

NAME OF PRHC STAFF MEMBER

DATE (DD/MM/YYYY)

SIGNATURE OF PRHC STAFF MEMBER

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PRHC
Peterborough Regional
Health Centre