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Community Therapy SERVICES

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Winnipeg, MB R3H 1B6
www.ctsinc.mb.ca
Facsimile: 204-942-1428
Téléphone: 204-949-0533

EQUIPMENT AUTHORIZATION NON-INSURED HEALTH BENEFITS FORM

CLIENT INFORMATION:

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Phone: _____

Address: _____ Postal Code: _____

Identification Number: _____

ALTERNATE CONTACT:

Name:_____ Phone:_____

Relationship to Client: _____

Client Health Information:

Diagnosis: _____

EQUIPMENT REQUEST INFORMATION:

Equipment: _____

_____

Vendor: _____

Recommendations/Reason For Equipment: _____

_____

_____

THERAPIST INFORMATION:

Name and Designation: _____ Registration #: _____

Signature: _____ Date: _____

Phone: _____ Fax: _____

Worksite: _____