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Aider les gens à mener une vie active et autonome Plus de cinquante années au service des Manitobains

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CLIENT INFORMATION:



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Téléphone: 204-949-0533

EQUIPMENT AUTHORIZATION NON-INSURED HEALTH BENEFITS FORM

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:		

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