

Over fifty years of service to Manitobans
Helping people to live active and independent
lives

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

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REHABILITATION EQUIPMENT FUNDING AUTHORIZATION FORM

Date: _____

Dear Resident/Family/POA

Re: _____

In order to maximize the comfort, function and safety of the above-named resident, the following equipment is recommended:

To be completed by person in charge of financial affairs:

By signing below, I hereby provide authorization to order the above noted equipment and accept responsibility for payment. I consent to the sharing of my contact information with the vendor.

In most instances, the responsible party will be billed directly.

Cost is estimated within 10%. \$ _____

Date: _____

Authorization by (please print): _____

Address: _____

Signature: _____

Specific vendor preferred? Yes _____ No _____

If yes, please specify: _____

Therapist Name and Designation (please print): _____

Registration Number: _____

Therapist Signature: _____

Physician Name (please print): _____

Registration Number: _____

Physician Signature _____