

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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#### Section 4 – Signatures

##### Physician/Nurse Practitioner Signature (if applicable)

I hereby certify that I have personally assessed the applicant in person and determined that the applicant has a chronic physical disability requiring regular use of the prescribed pressure modification device(s).

☒ Physician ☐ Nurse Practitioner

Physician/Nurse Practitioner's Last Name <i>Harvey</i>	Physician/Nurse Practitioner's First Name <i>Emma</i>
Business Telephone Number <i>343-020-2887</i> ext. <i>175</i>	Ontario Health Insurance Billing No (5 or 6 digits) <i>341331</i>
Physician/Nurse Practitioner's Signature	Date Signed (yyyy/mm/dd) <i>2018-02-03</i>

##### Authorizer's Signature and Confirmation of Applicant's Eligibility

I hereby certify that I have personally assessed the applicant in person and determined that the applicant meets ADP eligibility criteria. I have also measured and/or authorized the equipment described on this form and advised the applicant or his/her agent that he/she may purchase the device through an ADP Registered Vendor of their choice and have provided a list of ADP Registered Vendors in the applicant's community for their use.

Authorizer's Last Name <i>JACKSON</i>	Authorizer's First Name <i>Myla</i>
Business Telephone Number <i>905-727-6084</i> ext. <i>946</i>	ADP Authorizer Registration Number <i>29922</i>
Authorizer's Signature	Assessment Date (yyyy/mm/dd) <i>2001-04-20</i>

##### Certified Fitter's Signature

I hereby certify that as recommended by the Physician/Nurse Practitioner/Authorizer/Burn Team/Lymphedema Team, I have measured the applicant named above and subsequently fitted the pressure modification device to the applicant's satisfaction. I have also trained the applicant on how to apply, remove, use, care for, and maintain the device.

Fitter's Last Name <i>Reyes</i>	Fitter's First Name <i>Sophie</i>
Business Telephone Number <i>705-046-0669</i> ext. <i>945</i>	ADP Certified Fitter's Registration Number <i>757106</i>
Fitter's Signature	Final Fitting Date (yyyy/mm/dd) <i>2013-11-23</i>

##### Clinic (if applicable)

Clinic Name <i>Harbourfront Medical Centre</i>	
ADP Clinic Number <i>779131</i>	Business Telephone Number <i>705-200-5258</i> ext. <i>168</i>