

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 Peterson	Physician/Nurse Practitioner's First Name Dakota
Business Telephone Number 343-648-3399 ext. 282	Ontario Health Insurance Billing No (5 or 6 digits) 217842
Physician/Nurse Practitioner's Signature	Date Signed (yyyy/mm/dd) 2017/01/01

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 Burgess	Authorizer's First Name Zoe
Business Telephone Number 613-945-1839 ext. 650	ADP Authorizer Registration Number 592951
Authorizer's Signature	Assessment Date (yyyy/mm/dd) 2017/07/15

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 Hamilton	Fitter's First Name Brynn
Business Telephone Number 416-624-3288 ext. 588	ADP Certified Fitter's Registration Number 151342
Fitter's Signature	Final Fitting Date (yyyy/mm/dd) 2020/05/06

Clinic (if applicable)

Clinic Name

Evergreen Medical Centre

ADP Clinic Number 151427	Business Telephone Number 807-983-6474 ext. 371
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