

Applicant's Last Name	First Name	Health Number (10 digits)	Version
-----------------------	------------	---------------------------	---------

Section 4 – Signatures

Prescriber's Signature

I hereby certify that I have personally assessed the applicant in person and determined that the applicant has a chronic physical disability requiring the regular use of the prescribed Ocular Prosthesis(es).

Physician Optometrist

Physician/Optomtrist's Last Name	Physician/Optomtrist's First Name
Business Telephone Number ext.	Ontario Health Insurance Billing No (6 digits)
Physician/Optomtrist's Signature	Date Signed (yyyy/mm/dd)

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 authorized the equipment described on this form and advised the applicant or his/her agent that he/she may purchase the ADP Approved Prosthesis(es) from any 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 WEBB	Authorizer's First Name CHELSEA
Business Telephone Number 416-921-4931 ext.	ADP Authorizer Registration Number 3000004670
Authorizer's Signature	Assessment Date (yyyy/mm/dd)

Vendor Information

I hereby certify that the applicant has received or will receive the item(s) as authorized and the information provided is true and accurate.

Vendor Business Name WEBB OCULAR PROSTHETICS	ADP Vendor Registration Number 6833
Vendor Representative's Last Name WEBB	Vendor Representative's First Name CHELSEA
Position Title OCULARIST	Business Telephone Number 416-921-4931 ext.
Vendor Location 1401-439 UNIVERSITY AVENUE, TORONTO ON M5G 1Y8	
Vendor Representative's Signature	Date (yyyy/mm/dd)

Note: Attachments will not be considered by the Assistive Devices Program

It is an offence punishable by fine and/or imprisonment to knowingly provide false information to obtain funding.