

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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**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/Optometrist's Last Name	Physician/Optometrist's First Name
Business Telephone Number ext.	Ontario Health Insurance Billing No (6 digits)
Physician/Optometrist'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 <b>WEBB</b>	Authorizer's First Name <b>MICHAEL</b>
Business Telephone Number <b>416 921-4931</b> ext.	ADP Authorizer Registration Number <b>1910100905-1</b>
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 <b>WEBB OCULAR PROSTHETICS</b>	ADP Vendor Registration Number <b>6833</b>
Vendor Representative's Last Name <b>WEBB</b>	Vendor Representative's First Name <b>MICHAEL</b>
Position Title <b>OCULARIST</b>	Business Telephone Number <b>416 921-4931</b> ext.
Vendor Location <b>439 University Ave. #1401. Toronto, ON M5G 1Y8</b>	
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.**