



**ADP Individual Authorizer Quote Request Form**  
**Fax: 416.698.3793**

<b>Date:</b>	<b>ADP Auth. Number:</b>
<b>IA Name:</b>	
<b>IA Address:</b>	
<b>Phone:</b>	<b>Fax:</b>
<b>Email:</b>	
<b>Ship To: Client:</b> <input type="checkbox"/>	
<b>Clinic:</b> <input type="checkbox"/>	

<b>Client Name (First):</b>	
<b>Client Name (Last):</b>	
<b>Care of Name:</b>	
<b>Client Address:</b>	
<b>City:</b>	<b>Province:</b>
<b>Postal Code:</b>	
<b>Home Phone:</b>	
<b>Sex:</b>	<b>Male:</b> <input type="checkbox"/> <b>Female:</b> <input type="checkbox"/>
<b>Health Card #:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>	
<b>Diagnosis:</b>	
<b>Native Indian Status</b>	<b>Yes:</b> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/>
<i>If 'Yes' please attach a copy of the Native Indian card</i>	
<b>Status: Regular (Full Price):</b> <input type="checkbox"/>	<b>ADP (75/25):</b> <input type="checkbox"/> <b>MCSS:</b> <input type="checkbox"/>

<b>ADP Catalog#</b>	<b>Device Description</b>
<b>Comment:</b>	

*\* Note - Equipment purchased is shipped with an invoice that must be signed by the client/family and returned in a self addressed stamped envelope (included). Please advise the client/family of this important duty. Failure to receive a signed invoice will result in the Individual Authorizer being contacted and requested to follow up with the client/family.*