

Fax to:

|                               |                           |                               |                                  |                         |                         |
|-------------------------------|---------------------------|-------------------------------|----------------------------------|-------------------------|-------------------------|
| Kirkland Lake<br>705 567 9407 | North Bay<br>705 474 0080 | Parry Sound<br>1 855 773 4056 | Sault Ste. Marie<br>705 949 1663 | Sudbury<br>705 522 3855 | Timmins<br>705 267 7795 |
|-------------------------------|---------------------------|-------------------------------|----------------------------------|-------------------------|-------------------------|

**Additional Notes relating to the attached Referral for Services for:**

|                             |                |
|-----------------------------|----------------|
| Surname:                    | First name(s): |
| Date of Birth (DD/MM/YYYY): |                |

\_\_\_\_\_  
Health Care Practitioner Name\_\_\_\_\_  
CPSO #\_\_\_\_\_  
Signature/Designation\_\_\_\_\_  
Date (DD/MM/YYYY)