Cerebral Palsy

Physician's Statement (Specialist only)

PLEASE PRINT

Name of patient: _____ _____

Surname First Name Date of Birth (mm/dd/yy)

Address: _____

Number & Street City Province Postal Code

Telephone ( ) _____

1. a) Date of first consultation for this condition (mm/dd/yy)? _____

   b) How long has this person been your patient? _____

   c) Provide names of any other specialist including address and phone number:

Name of Physician or Specialist	**Address** (number, street, city, province, postal code)	**Phone number** (including area code)

2. a) Provide date of diagnosis (mm/dd/yy). _____

   b) Provide details of the diagnosis performed?

3. Provide copy of all the consultation reports.
4. Provide copy of all brain imaging reports.

Name (Please print) Degree

Street Address City Province Postal Code

Area Code & Telephone Number FAX number

Date (mm/dd/yy) Signature MD

This form is to be completed by a physician licensed in Canada whose practice is limited to the particular branch of medicine relating to the applicable critical illness. The INSURED is responsible for the completion of this form without expense to the Company.

PERSONAL INFORMATION CONSENT: The information collected on this application for insurance is required for the purposes of considering and, if approved, processing this application for insurance. It may also be used to administer the insurance policy, investigate any claims that may be made under this policy, and for the provision of products and services. This information, and information in existing files, may be used by and exchanged among Wawanesa Life Insurance Company, their agents, affiliates, partners, subsidiaries, reinsurers, rating agencies and authorized administrators for these purposes, regardless of whether a policy is issued or coverage ceases to be in force. Subject to legal and contractual requirements, the applicant may refuse to consent to the collection, use, or disclosure of their personal information for specific purposes by contacting privacy@wawanesa.com or by calling 1-888-997-9965 and asking to speak to the Privacy officer.

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