



FFA Medical Assessment Services

Fax Referral Form

www.ffaexpertise.ca

Fax: 418.627.5418/ 888.627.5418

Date: _____

From:

Name: _____ Company: _____ Location: _____

Telephone: _____ Fax: _____ Email: _____

Principal Contact (if different from above):

Name: _____ Company: _____ Location: _____

Is this a reassessment Yes No

Is this claimant Male Female

Is this a rush Yes No

Service(s) Required: CONFIRMATION OF APPOINTMENT TO BE PROVIDED BY:

Fax

Courier/Mail

E-mail

Independent Medical

Functional Capacity

Consultation

- Cardiology
- Neurology
- Neurosurgery
- Ophthalmology
- Physiatry
- Psychology
- Other: _____

- Family Medicine (GP)
- Neuropsychology
- Occupational Medicine
- Orthopaedic Surgery
- Plastic Surgery
- Respiriology

- Internal Medicine
- Urology
- Oncology
- Otolaryngology(ENT)
- Psychiatry
- Rheumatology

Supplementary services to be arranged by FFA:

Diagnostics/Testing _____

Transportation

Accommodation

Mandate

Examinee (Claimant) Information:

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

Address City/Province Postal Code

Telephone Claim/Reference # Date of Loss/Disability: (mm/ dd/ yy)

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