

Licence Suspension Appeal Board
 200-301 Weston Street, Winnipeg MB R3E 3H4
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 email : lsabmrcboards@gov.mb.ca

Commission d'appel des suspensions de permis
 301, rue Weston, bureau 200, Winnipeg (Manitoba) R3E 3H4
 Tél : 204-945-7350 Téléc : 204-948-2682
<http://manitoba.ca/lsab>

MEDICAL SUPPLEMENTAL INFORMATION SHEET

To be completed by Appellant/Patient

Name _____			
Last Name	First Name	Middle Initial	
Driver's Licence Number: _____		Date of Birth: _____	
		Month/ Day/Year	

To be completed by Doctor

Name of medical provider:			
Address of medical facility:	Hours of Operation		
Details of Required visit:			
The above patient is required to attend appointments with myself or other medical professional:			
Daily	Weekly	Bi-weekly	Monthly
2-3 Months	3-6 months	Annually	Other: _____
How long has this patient been under your care? _____			
Has the patient been referred to a specialist(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have ongoing and necessary medical appointments that they are required to attend, in additional to annual or routine check ups?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

_____ Physician's Signature	_____ Physician's Name (Printed)
_____ Date	_____ Physician's Telephone No.
I authorize my physician to release this information to the Licence Suspension Appeal Board	
_____ Date	_____ Signature