

# WE PROVIDE SERVICES NOT COVERED BY THE

# **MEDICAL SERVICES PLAN**



### **EXAMINATIONS**

COMPLETE PHYSICAL EXAMINATION IN A HEALTHY INDIVIDUAL CPP, MOT OR INSURANCE COMPANY EXAMINATION SPORTS OR CAMP FITNESS EXAMINATION INDUSTRIAL FIRST AID EXAMINATION



### **TREATMENTS**

COSMETIC LIQUID NITROGEN
COSMETIC MOLE/LESION EXCISION
VACCINATIONS NOT COVERED BY MSP
TRAVEL VACCINATIONS



### **FORMS**

INSURANCE COMPANY FORM FOR TIME OFF / DISABILITY ILLNESS / ABSENTEEISM NOTE FOR SCHOOL OR WORK LONG TERM CARE ADMISSION / REGISTRATION EMPLOYER'S WORK CAPABILITY FORM HANDICAP PARKING FORM GOVERNMENT UIC FORM HANDI-DART FORM



## **OTHER**

TYPED OFF WORK LETTER
MEDICAL – LEGAL REPORTS
MEDICAL ADVICE BY LETTER
INSURANCE COMPANY LETTERS
TELEPHONE PRESCRIPTION RENEWAL

