

# **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**