Manitoba
Transportation and Infrastructure

Licence Suspension Appeal Board
200-301 Weston Street, Winnipeg MB R3E 3H4
T 204-945-7350 **F** 204-948-2682
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Commission díappel des suspensions de permis
301, rue Weston, bureau 200, Winnipeg (Manitoba) R3E 3H4
TÈl : 204-945-7350 **TÈlÈc** : 204-948-2682
http://manitoba.ca/lsab

MEDICAL SUPPLEMENTAL INFORMATION SHEET

TO BE COMPLETED BY APPELLANT:

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 AND HOURS OF OPERATION:

DETAILS OF PATIENT'S REQUIRED VISITS:

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)? ☐ Yes ☐ No

Does the patient have ongoing and necessary medical appointments that they are required to attend, in additional to annual or routine check ups? ☐ Yes ☐ No

_____ _____
Physicianís Signature Physicianís Name (Printed)

_____ _____
Date Physicianís Telephone No.

I authorize my physician to release this information to the Licence Suspension Appeal Board

_____ _____
Date Signature