NOVA SCOTIA MEDICAL SERVICES INSURANCE

NOVA SCOTIA

Breast Fitter's Certificate Registration Form

Company Information

Name			
Mailing Address (Mail will be sent to this address)	City	Province	Postal Code

Daytime Phone Number	Fax Number	Email Address

Certified Fitter Information

Last Name	First Name & Initials

Authorization

I certify that the information given on this registration form is accurate.

Signature _____ Date _____

Submit Your Form

By mail:	By Fax:
MSI Prostheses Program PO Box 500 Halifax NS B3J 2S1	902-490-2275

For questions, please call 902-496-7011 or 1-866-533-0585 toll-free

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act,* or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.