

## **NEW NIHB CLIENT FORM**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Treaty #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

\_\_\_\_\_

List of products you are using (including item reference numbers): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you prefer pick-up or delivery? \_\_\_\_\_

**Please email or fax this form in along with your prescription  
and we will get back to you within one business day.**

Email: [orders@jollysmedical.ca](mailto:orders@jollysmedical.ca) Fax: 306.525.2560 Phone: 306.522.3833

