

# **NEW SGI/WCB CLIENT FORM**

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

SGI or WCB?: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Worker's Name: \_\_\_\_\_

Worker's Phone Number: \_\_\_\_\_

**Please email or fax this form in along with your prescription (if you have one)  
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



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