Ontario

Ministry of Health

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5

Tel: 416 327-8804
Toll free: 1 800 268-6021
Fax: 416 327-8192

Statement of Support for Device Listing
Pressure Modification Devices

Section 1 – Device Information

Name of Device

Description of the Device

Model	Name of Manufacturer	Name of Distributor

Section 2 – Device Assessment

1. How long have you used this product with your clients?

2. Do you find that this device is effective in managing lymphedema?

◯Yes ◯No

3. Have you or your clients experienced any problems with this device?

◯Yes ◯No

If "Yes", please describe these problems:

4. Describe your experience with this device in the management of lymphedema.

5. Is this device similar to others funded by the Assistive Devices Program?

◯Yes ◯No ◯Don't know

If "Yes", please identify the generic codes or specific products.

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If "No", please indicate reason(s) for the dissimilarity.

If not familiar with the ADP, describe other similar devices used for lymphedema management.

Section 3 – Authorizer/Therapist Information

Authorizer (Please print)

Last Name	First Name

ADP Number	Telephone Number (incl. area code)	Fax Number (incl. area code)

Signature	Date (yyyy/mm/dd)

If you are not an ADP registered authorizer, please provide the following information:

Last Name	First Name

Profession	Years of experience in treating clients with lymphedema

Place of Employment

Telephone Number (incl. area code)	Fax Number (incl. area code)

Signature	Date (yyyy/mm/dd)

Please Note:
This form is intended to identify potential products for ADP funding. It does not constitute an endorsement of the product.