

Saskatchewan 4 Advanced Education 8 and Employment 8 Student Einensiel (3

area code

4635 Wascana Parkway Box 650 Regina SK S4P 3A3 (306) 787-0923 1-800-597-8278

## Attending Physician's Statement Provincial Training Allowance

/////	Student Financial 1-800-597-8278 Assistance			File No.	For Office Use Only					
Sectio	n 1 - Client Info	mation								
Client's Full Nan	ne	nt)			Client's Sask.PHN					
Mailing Address					city/town			ince		
Postal C		Telephone L area co	<b>-</b>	] - [			prov	ince		
	<ul> <li>Physician. Check</li> <li>Support my absen</li> <li>Provide medical info</li> <li>Verify medical info</li> <li>Provide medical in</li> </ul>	ible for any charge which () the reason for this ce from school for media formation to support the rmation on my applicatio formation to support my case of Medical Info ()	s Attending Pl ical reasons. e assessment/r on for audit or o request for wa	hysician's S eassessmen overpayment	<i>tatement.</i> t of my applic i investigatior	cation.		nding		
	s Full Name		ormation							
		Self Spouse	e 🗆 Other	- Specify						
Training named to Allowand	Allowance for official below of any and all c ce resulting from this		assistance prog en by Student I	grams. I here	by release t	he attend	ling phys	sician		
				D	ate					
Sectio	n 3 - To be comp	leted by Attending	Physician							
1. Plea	. Please indicate the condition for which you are (were) treating the above-noted patient:									
D P	PREGNANCY - Date of Delivery (expected or actual):									
	LLNESS OR DISABI	<b>_ITY</b> - Date of Diagnosis	1 1 1							
lf thi										
3. <b>Rem</b>	narks: (Please includ	e any unusual circumsta	ances or specia	al conditions	which should	l be cons	idered)	-		
Attendi	ng Physician's Nam	e and Mailing Address	(please print):	Attend	ing Physicia	-				
		[		Date _						
Telephor	ne        -		postal code	_			PTA24	8-0306		

PLEASE RETURN COMPLETED FORM TO CLIENT