Appendix C



## **Hôpital Notre-Dame Hospital (Hearst)**

## REQUEST FOR DOCUMENTATION IN ALTERNATIVE FORMAT

Notre-Dame Hospital is committed to providing information in the format that meets your needs. If you need information in an alternative format, please use this form to let us know which format is best for you.

Alternatively, call (705) 362-4291 Ext. 0 to make a verbal request.

Name :

Address :		_
City/Town :	Post	al Code :
Telephone :	Fax number :	
E-Mail address :		
Name of document required :		
Additional Description of Document :		
Format requested : ex. html, text, large format text, etc. (Please indicate any specific technical needs.)		
Date information is required :		
Internal Haar. To be accompleted by Nation Daniel Haar field		
Date Recieved	completed by Notre-Dame Hospital  Document's originating department/Contact	Data Camplated
Date Necieveu	bocument a originating department/Contact	Date Completed