



Whitehorse Optometrist Inc.

Quality and Convenience

2270 2nd Avenue, Whitehorse, Yukon Y1A 1C8

Phone: 867-633-3499 ext 135 Fax: 867-393-4324

www.whitehorseoptometrist.com

Book Online Anytime Day or Night.

APPLICATION for **PRIOR APPROVAL** of NIHB EYE EXAMINATION

Health Canada Whitehorse

Fill out and Fax To: 867-667-3999

Date of Service: _____.

Appointment Time: _____.

Customer Name: _____.

Status #: _____.

Yukon HC #: _____.

Date of Birth: _____.

Phone #: _____.

I have vision benefits through other insurance or my employer Circle: Yes or No

Quantity	Item	Description	Price	Total
1	Eye Exam	Exam and Refraction	94.00	94.00

Patient signature _____

Note for Health Canada Whitehorse:
Please Fax approval to (867)393-4324, **also** fax confirmation to the Band office of the above patient.

Health Canada NIHB program office use only below:

Approved:		Declined:	
Date:		Date:	
		Reason:	