

# Saskatchewan Epilepsy Inc. Surgery Application

Please ensure you have this form filled out and returned to Saskatchewan Epilepsy Inc. asap in order to be reviewed for \$1,000 Surgery Sponsorship. This maximum Sponsorship will be awarded to clients, or paid to the guardian parent once they have submitted their posted bills after the patient's surgery.

Saskatchewan Epilepsy, Box 33016, Regina, Sask. S4T 7X2 Ph 306-359-0905 Fax 306-359-6892

**ENSURE ALL FIELDS ARE FILLED OUT**

## PART 1 : APPLICANT INFORMATION

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Telephone : \_\_\_\_\_ Email : \_\_\_\_\_

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

City & Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Date of Birth : 

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Year                  Month                  Date

Female  Male

Does the epilepsy patient currently have epilepsy seizures?                  Yes  No

**AN OFFICIAL LETTER FROM YOUR PHYSICIAN  
MUST BE PROVIDED STATING THE CLIENT HAS EPILEPSY**                  ATTACHED :                  Yes  No

Is the client a Saskatchewan Resident                  Yes  No

## PART II : SURGERY APPLICATION

Hospital where the patient would attend : \_\_\_\_\_

City & Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Surgery expected Date : \_\_\_\_\_ Age \_\_\_\_\_

## PART III : SEIZURE AWARENESS

Does client currently have epilepsy seizures?                  Yes  No

Does the patient take medication to help control their seizures?                  Yes  No

**Saskatchewan Epilepsy Inc. Surgery Application**

**GUARDIAN OR PARENT SIGNATURE REQUIRED**

I hereby certify that all information on this application is true and complete.

If accepted, cost would be paid preliminary by the family, maximum \$1,000 coverage by Saskatchewan Epilepsy Inc. post paid after surgery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby agree that Saskatchewan Epilepsy may use general information only for statistics and that all personal information pursuant to this application shall not be disclosed to the general public.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date