ADDITIONAL COMMUNICATION AID REQUEST

|  |
| --- |
| **User’s identification**  |
| Last name:  |       | First name: |       |
| RAMQ:  |       | Expiry date:  |       |
| Additional communication aid requested:  |
|       |
| Reason(s) for the request and description of attempts to resolve the problem(s)\*:  |
|       |
| Speech-language pathologist: |       | Telephone: |       |
| Workplace:  |       | Date: | Cliquez ici pour entrer une date. |

\*Attach a copy of the speech-language pathology assessment or follow-up notes if relevant