



Printed Material Order Form

Your information:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone: _____

Fax: _____

Please indicate the materials your organization requires.
Fax this form to 416.226.6265 Attn: Strategic Communications

Program Brochures

| | |
|--|---|
| <input type="checkbox"/> Amputee | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |
| <input type="checkbox"/> Burn | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |
| <input type="checkbox"/> Cardiac | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |
| <input type="checkbox"/> Musculoskeletal | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |
| <input type="checkbox"/> Oncology | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |
| <input type="checkbox"/> Organ Transplant | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |
| <input type="checkbox"/> STAR | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |
| <input type="checkbox"/> Stroke / Neurological | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |
| <input type="checkbox"/> Trauma / Complex | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |

Outpatient Services Brochures

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|--|---|
| <input type="checkbox"/> Back on Track | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |
|--|---|

Community Clinics and Programs

| | |
|---|---|
| <input type="checkbox"/> Wellness (Acupuncture, Chiropractic, Massage) | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |
| <input type="checkbox"/> Rehab (Active Living, Arthritis Aquatic, Pre-Hab, Step Ahead) | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |

**For Preferred Accommodation Forms visit
www.stjohnsrehab.com**

Information Brochures

| | |
|---|---|
| <input type="checkbox"/> Preparing for Admission (Welcome to St. John's Rehab Hospital) | Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100 |
| <input type="checkbox"/> Referring Guide for Health Professionals | Qty: _____ |

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www.stjohnsrehab.com/programs_services