



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"/> 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

Wellness Clinic Brochures

<input type="checkbox"/> Acupuncture	Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100
<input type="checkbox"/> Chiropody	Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100
<input type="checkbox"/> Chiropractic	Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100
<input type="checkbox"/> Massage Therapy	Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100

Outpatient Brochures

<input type="checkbox"/> Step Ahead Rehab	Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100
<input type="checkbox"/> Back on Track	Qty: <input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 100

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"/> Directory of Services for Health Care Professionals	Qty: _____

For Preferred Accommodation Forms visit www.stjohnsrehab.com

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www.stjohnsrehab.com/programs_services