



Policy Number: 17777C

Personal ID Number: _____

RWTO/OERO Manulife Convalescent Care after Outpatient Surgery

Name: _____

Hospital: Name: _____

Address: _____

Date of Surgery: _____

Date when you think you will be able to resume daily activities: _____

Number of weeks claimed: _____ X \$72.50= _____

(Maximum of 4)

Attending Physician or Family Doctor:

Name _____

Address: _____

Phone number: _____