



Last Name : _____

First Name : _____

Phone # : _____

Email : _____

Address: _____

Surgery Date : _____
(DD/MM/YYYY)

Purpose of Contact: I agree to be contacted by J.E. Hanger for the purpose of planning and receiving information in regards to the rental of a Polar Wave Care.

Modes of Communication: I consent to J.E. Hanger contacting me through the following methods: phone, email, postal mail, and other similar communication channels.

Frequency of Contacts: I understand that contacts from J.E. Hanger may be occasional or regular, depending on the information to be communicated and relevant updates.

Data Protection: I understand that my personal data will be processed in accordance with J.E. Hanger's privacy policy. My information will not be shared with third parties for marketing purposes without my explicit consent.

By signing this form, I acknowledge that I have been informed of and understand the terms listed above regarding my consent to be contacted by J.E. Hanger for the rental of a Polar Wave Care.

Signature

Date (DD/MM/YYYY)

Please send by email to soins@jehangermontreal.com with a copy of your prescription.

J.E. Hanger
5545 rue St-Jacques
Montréal, QC H4A 2E3
Telephone : 514-489-8213

J.E. Hanger
4650 Desserte Sud autoroute 440, suite 210
Laval, QC H7T 2Z8
Telephone : 450-687-5520