ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ

ᐅᓐᓂᕐᓗᒃᑐᓄᑦ ᑐᒃᓯᕋᐅᑦ ᑕᑕᑎᕆᐊᓕᒃ

ᑐᑭᓯᒋᐊᕐᕕᒃᓴᐃᑦ ᑕᑯᔭᐅᔭᕐᑐᕐᑐᒥᑦ ᓘᑦᑖᒧᑦ, ᑲᒪᔨᖓᓂᑦ ᐅᕝᕙᓘᓐᓂᑦ ᒪᓕᑦᑎᒋᔭᖓᓂᑦ ᐊᖏᕐᑕᐅᓯᒪᖏᑎᓪᓗᒋᑦ ᐃᖏᕐᕋᓂᕐᒧᑦ ᐃᑲᔪᕐᑕᐅᔾᔪᑎᒃᓴᖏᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐃᑲᔪᕐᑕᐅᒃᑲᓐᓂᕈᒪᔪᖃᕐᑎᓪᓗᒍ:

ᑲᒪᒋᔭᐅᔫᑉ ᐊᑎᖓ:
ᐋᓐᓂᐊᕐᕕᓕᐊᕈᓐᓇᐅᑎᑉ ᓈᓴᐅᑖ:
ᑐᒃᓯᕋᐅᓯᐅᖅᑎᓪᓗᑕ ᐅᓪᓗᐊ:
ᑕᑯᔭᐅᕝᕕᒃᓴᓕᐅᖅᑕᐅᑎᓪᓗᒍ ᐅᓪᓗᐊ:
ᐃᓅᓕᕐᕕᐊᑕ ᐅᓪᓗᖓ:
ᓄᓇᓕᒃ ᐊᒻᒪᓗ ᐅᖃᓘᑎᖓᑕ ᓇᐃᓴᐅᑖ:
ᑕᑯᔭᐅᕝᕕᒃᓴᐅᑉ ᐅᓪᓗᖓ(ᖏᑦ):

ᐱᔾᔪᑕᐅᔪᑦ ᖃᓄᐃᓕᒪᑦ ᐋᒃᑳᖅᑕᐅᖓᒫᑦ:

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ᐊᑎᖏᑦ ᑭᓇᑐᐃᓐᓇᐅᑉ/ᐊᓪᓚᕕᐅᑉ ᐊᖏᖅᓯᒪᙱᑦᑐᑦ ᐆᒃᑐᕋᖅᑐᒥᒃ, ᖃᐅᔨᒪᔭᐅᒃᐸᑦ: _____

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ᐆᒃᑐᕋᕆᐊᓪᓚᓐᓂᒃᑯᑦ ᐅᖃᐅᓯᖃᕆᐊᖃᕐᐳᑦ ᐱᔾᔪᑕᐅᔪᒥᒃ ᐅᕝᕙᓘᓐᓃᑦ ᐅᖃᐅᓯᖃᕐᓯᒪᓗᑎᒃ ᐃᑲᔪᕈᑎᒃᓴᓂᒃ ᑐᒃᓯᕋᐅᑕᐅᓯᒪᔪᓂᒃ.

ᖃᐅᔨᒃᑲᐃᕗᒍᑦ ᖃᓄᐃᖏᑦᓯᐊᕋᓯᐊᕐᓂᓕᕆᔨᒃᑯᓐᓂᒃ ᐆᒃᑐᕋᕆᐊᓪᓚᒍᒪᓂᕐᒪᑦ ᒥᒃᓵᓄᑦ ᐃᑲᔪᕐᑕᐅᔪᒪᓂᕐᒧᑦ ᐃᖏᕐᕋᐅᑎᑎᒍᑦ ᓘᑦᑕᓕᐊᕆᐊᖃᕐᑎᓪᓗᖓ. ᐅᓂᕐᓗᒍᑎᖃᖅᑐᖓ ᐅᑯᐊ ᐊᑖᓃᑦᑐᑦ ᐱᔾᔪᑎᒋᓪᓗᒋᑦ:

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ᐃᓚᓕᐅᑎᓯᒪᔪᑦ ᒪᒃᐱᖅᑐᒐᒃᑲᓐᓃᑦ, ᐱᑕᖃᕆᐊᖃᕐᐸᑦ.

_____ _____

ᐋᓐᓂᐊᕕᓕᐊᖅᑑᑉ ᑲᒪᒋᔭᐅᔫᑉ/ᐸᖅᑭᔨᐅᑉ ᐊᑎᓕᐅᕈᓯᖓ ᐅᖃᓗᑎᖓᓗ ᓇᐃᓴᐅᑖ

ᐃᕝᕚᓐᓇᖅᑕᐅᒃᑯᑦ ᖁᑦᑎᖕᓂᖅᓴᒧᑦ ᐅᓐᓂᕐᓗᖕᓂᖅ ᐅᕗᖕᒐ: medicaltravelappeals@gov.nu.ca

ᐱᐊᓂᒃᑕᐅᒋᐊᓕᒃ ᐅᓐᓂᕐᓗᒍᑕᐅᔪᓄᑦ ᕿᒥᕐᕈᔨᒧᑦ:
ᐃᓱᒪᓕᐅᕈᑕᐅᔪᒧᑦ ᐱᔾᔪᑕᐅᔪᖅ:

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☐ᐊᖏᖅᑕᐅᔪᖅ ☐ ᐊᒃᑳᖅᑕᐅᔪᖅ

ᐊᑎᓕᐅᕈᓯᖅ _____

ᐅᓪᓗᖅ _____

ᐅᓇ ᐅᓂᕐᓗᒍᑕᐅᔪᖅ ᐋᒃᑳᖅᑕᐅᓐᓂᖅᐸᑦ, ᐃᓚᒋᐊᕈᑎᒃᑲᓐᓂᕐᓂᒃ ᐅᓐᓂᕐᓗᒍᑎᓂᒃ ᑐᓐᓂᖅᑯᑕᐅᔪᖅᑐᐃᓐᓇᕆᐊᓕᒃ ᒥᓂᔅᑕᐅᑉ ᑐᒡᓕᐊᑕ ᐃᑲᔪᖅᑎᐊᓄᑦ ᐱᕙᓪᓕᐊᔪᓕᕆᔨᒃᑯᑦ ᐃᖏᕐᕋᔪᓕᕆᔨᒃᑯᓐᓄᓪᓗ.