



REFERRAL/PRESCRIPTION FORM

Patient's Name _____

Phone _____ Date _____

SERVICES & PRODUCTS:

Orthopaedic & Sports Injury Rehabilitation

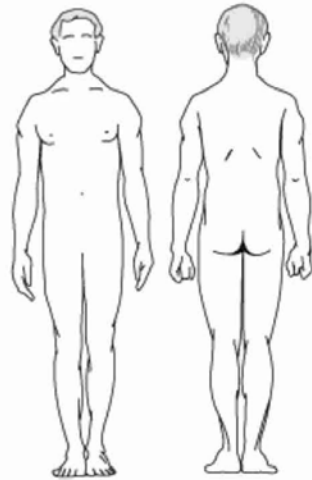
- Physiotherapy / Chiropractic
- Registered Massage Therapy
- Acupuncture
- Nutrition & Weight Management

Orthopaedic Bracing & Pain Management

- Custom Brace Off-the-shelf Brace
- Type of Brace _____
- Orthopaedic Pillow
- Lower Back Support
- TENS Unit

Foot Care Solutions

- Custom-made Foot Orthotics
- Orthopaedic Footwear
- Compression Stockings / Socks
 - 20-30 MMHg
 - 30-40 MMHg
 - >40 MMHg



COVERED UNDER:

- Motor Vehicle Accidents (M.V.A.)
- W.S.I.B.
- Extended Health Plans
- Other



Diagnosis _____

Contraindications _____

Physician Signature _____