



ORTHOMED CLINIC & SUPPLY

T:905.671.0200 | F:905.671.0270

MEDICAL REFERRAL /REQUISITION FORM

Date: _____ DOB: _____

Patient's Name: _____

Diagnosis: _____

RECOMMENDED TREATMENT

- Acupuncture
- Massage Therapy
- Physiotherapy
- Naturopathy
- Chiroprody
- Osteopathy
- MVA Rehabilitation

NECK/SHOULDER

- Cervical Pillow
- Cervical Collar
- Shoulder Immobilizer
- Arm Sling
- Shoulder Support

BACK

- Back Support Belt
- Lumbar Support Brace
- Postural Support Brace
- Maternity Back Support

WRIST/THUMB/ELBOW

- Carpal Tunnel Day/Night Splint
- Tendonitis Wrist Brace
- Thumb Spica/Splint
- Fracture Splint
- Elastic Wrist Brace
- Epicondylitis Brace
- Elastic Elbow Sleeve

FOOT/ANKLE

- Custom Made Orthotics
- Plantar Fasciitis Splint
- Arch Support/Heel Pads
- Compression Sleeve
- Rigid Ankle Brace

SHOES/ORTHOTICS

- Custom Made Orthotics
- Orthopaedic Shoes
- Diabetic Shoes
- Modified Shoes
- Custom Made Shoes

KNEE

- Knee Immobilizer
- Hinged Knee Brace
- Patella Stabilizer
- Compression Sleeve
- Multi Function Knee Stabilizer

COMPRESSION STOCKINGS

Compression Level

- 10-20mmHg 20-30mmHg
- 30-40mmHg 40-50mmHg

Type

- Knee high Thigh high
- Panty hose Maternity pantyhose

MEDICAL SUPPLY

- Heat/Cold Packs Crutches
- Mobility Devices TENS Unit
- Diabetic Supplies
- Wheel Chair/Walker
- Blood Pressure Monitor

Referring Physician

(Signature and Name)



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