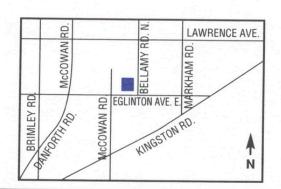


2950 Eglinton Avenue E, Scarborough, Ontario, M1J 2E7 Tel: 416-438-6633 Fax: 416 438-3633



REFERRAL FORM

	Date of Injury
Name:	
Diagnosis:	
Precautions, if any:	
Referred Service(s)	Referred Product(s)
Physiotherapy	Orthotics
Chiropractic	Orthopaedic Shoes
Massage Therapy	Compression Stockings
Occupational Therapy	Tens Machine
Acupuncture	Orthopaedic Mattress
Physical Therapy	Mattress Toppers
Work Hardening Program	Home Base Kit
Active Rehab Program	Exercise Ball
Consultation & Education	Acuball Kit
Activities of Daily Living Program	Assistive Devices
Foot Spa	
Reflexology	
Coverage Accep	pted For:
MVA	☐ Work Benefits
W.S.I.B	Student Benefits
Slip & Fall Third Party Insurance	ODSP
Extended Health Care	Other
Name of Referring Physician/Person	Signature