CBR PHYSIO REHAB INC.

PLEASE FAX REFERRAL DIRECTLY 905-248-1119

Patient's Name : _____ Phone: _____ Date: _____

Diagnosis: _____ **Physician's Signature:** _____

☐ **Motor Vehicle Accident** ☐ **WSIB** ☐ **Extended Health Care** ☐ **Private**

☐ **Rehabilitation Program** *(Physiotherapy, Chiropractic & Massage Therapy)*

☐ **Acupuncture**

☐ **Braces / Splints** ○ Wrist ○ Elbow ○ Knee ○ Ankle ○ Back

☐ **Custom Made Orthotics**

Dx ○ Plantar Fasciitis ○ Pes Planus
○ Metatarsalgia ○ Heel Spur
○ Pes Cavus ○ Bunions
○ Other: _____

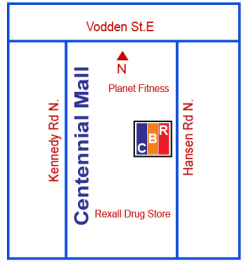
☐ **Compression Stockings - 20-30 mmhg**

Dx ○ Varicose Veins
○ Venous Insufficiency
○ Other: _____

☐ **T.E.N.S Unit for Chronic Pain**

PHYSICIAN'S STAMP

BRAMPTON



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Brampton, ON L6V 1N2
Tel : 905 457 0234
Fax : 905 248 1119

WE ACCEPT MVA WSIB EHC INSURANCE CLAIMS.

WE ACCEPT WALK-IN PATIENTS. FOR APPOINTMENTS PLEASE CALL 905-457-0234