CBR PHYSIO REHAB INC.

PLEASE FAX REFERRAL DIRECTLY 905-248-1119

Patient's Name :Ph	ione:	Date:	
Diagnosis:	Physician's Signature:		
■ Motor Vehicle Accident ■ WSIB ■ Extended Health C	are Private		
☐ Rehabilitation Program (Physiotherapy, Chiropractic & Ma	assage Therapy)	PHYSICIAN'S	
☐ Acupuncture		STAMP	
☐ Braces / Splints ○ Wrist ○ Elbow ○ Knee ○ Ankle ○ Back			
☐ Custom Made Orthotics	BRAMPTON		
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	Vodden St.E N	WE ACCEPT MVA WSIB EHC INSURANCE CLAIMS.	