



## Orthotic Referral Form

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Head Office<br>4120 Ridgeway Drive, Unit 24<br>Mississauga, ON L5L 5S9<br>905-828-2969<br>Toll Free: 1-866-829-2969<br>F: 905-828-1091 | <input type="checkbox"/> The Orthotic Centre<br>At The Credit Valley Hospital<br>2200 Eglinton Avenue West<br>Mississauga, ON L5M 2N1<br>905-813-4050<br>F: 905-813-4539 | <input type="checkbox"/> Guelph Location<br>107 Woodlawn Road West<br>Guelph, ON N1H 1B4<br>519-826-9890<br>F: 519-826-9433 |
|---|--|---|

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Diagnosis/Instructions:

\_\_\_\_\_

\_\_\_\_\_

Custom made foot orthotics

Ankle Foot Orthosis (AFO)

Knee Brace

Wrist Brace

Spinal

Other: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Designation: \_\_\_\_\_