

Physiotherapy Prescription

Referral

Date

Phone Number

Patient's Name

Diagnosis

Physician's Name

Physician's Phone

Patient Referred For

- | | |
|---|--|
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Shockwave Therapy |
| <input type="checkbox"/> Chiropractic Care | <input type="checkbox"/> Custom Orthotics |
| <input type="checkbox"/> Registered Massage Therapy | <input type="checkbox"/> Custom Bracing |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Compression Stockings |
| <input type="checkbox"/> Chiropody & Footcare | <input type="checkbox"/> Laser Therapy |

Location

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Brampton
P: (905) 970-0101
F: (905) 970-0069 | <input type="checkbox"/> East Hamilton
P: (905) 561-6500
F: (905) 561-6600 | <input type="checkbox"/> Georgetown
P: (905) 877-5900
F: (905) 877-1190 | <input type="checkbox"/> North York
P: (416) 628-8858
F: (647) 946-6595 |
| <input type="checkbox"/> Pickering
P: (905) 837-5000
F: (905) 837-5001 | <input type="checkbox"/> Richmond Hill
P: (905) 417-4499
F: (905) 417-4463 | <input type="checkbox"/> St. Clair
P: (416) 656-6800
F: (416) 656-6700 | <input type="checkbox"/> Woodbridge
P: (905) 264-6311
F: (905) 264-6360 |