

## Physiotherapy Prescription

### *Referral*

Date

Phone Number

Patient's Name

Diagnosis

Physician's Name

Physician's Phone

**Physician's Signature**

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