



Your Freedom...

Through Expert Biomechanical Care

547 Glenridge Avenue St. Catharines, ON L2T 4C2 Telephone:(905)688-2553

**AMPUTEE CLINIC
REFERRAL FORM
FAX TO: (905) 688-3230**

CLIENT INFORMATION

Female

Male

Name

DOB (MM/DD/YYYY)

Street

City/Town

Postal Code

Health Card Number

Telephone Number

Diagnosis: _____

Amputation Date(MM/DD/YYYY)

Amputation Type and Level

Left

Right

REFERRAL SOURCE

Referring Physician

Telephone

Referring Physicians Signature

Fax Number

Referral Date (MM/DD/YYYY)

Please forward any pertinent reports