



Your Freedom...
Through Expert Biomechanical Care

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

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

CLIENT INFORMATION

Female Male

Name

DOB (MM/DD/YYYY)

Street

Postal Code

Health Card Number

City/Town

Telephone Number

Diagnosis: _____

REFERRAL SOURCE

Name and designation

Telephone

Signature

Fax Number

Referral Date (MM/DD/YYYY)

Notes:

Please forward any pertinent reports