

Patient's name: _____

Date of birth: _____

Telephone number: _____

Date: _____

Reason for referral: _____

OHIP SERVICES

Sports medicine and/or MSK consultations

- Dr. Cruz
- First available

Interventional Medicine

- Dr. Cruz
- First available
- Ultrasound Guided Injection*
- Hyaluronic acid injection*

REHABILITATION SERVICES

- Acupuncture
- ART
- Customized Injury Prevention
- Electroacupuncture
- Golf Injury Prevention
- Manual Therapy

- Pelvic Health Physiotherapy
- Personal Training
- Physiotherapy (Orthopaedic)
- Physiotherapy (Vestibular)
- Sports Specific Training Program
- SportsTaping

Investigations Attached:

- MRI
- Ultrasound
- CT
- Bone Scan
- X-ray

PRODUCTS

- Custom Knee Brace

REFERRING PHYSICIAN'S INFORMATION

Physician's name: _____

Signature: _____

Provider number: _____

Please fax completed form to:

647 349 4866

Empowering through movement