

Patient's name: _____

Date of birth: _____

Phone: (H) _____ (M) _____ (W) _____

Date: _____

Reason for referral:

OHIP SERVICES

Sports medicine and/or MSK consultations

First available Dr. Boyd Dr. Sahota

Investigations Attached:

MRI Ultrasound CT Bone Scan X-ray

REHABILITATION SERVICES

- | | |
|------------------------------|----------------------------------|
| Acupuncture | Personal Training |
| ART | Physiotherapy (Orthopaedic) |
| Customized Injury Prevention | Physiotherapy (Vestibular) |
| Electroacupuncture | Sports Specific Training Program |
| Golf Injury Prevention | SportsTaping |
| Manual Therapy | |

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