

**Orthocan Orthopaedics Inc.**

Unit 24, 400 Matheson Blvd East, Mississauga, ON, L4Z 1N8

Phone: 905-755-0808

Fax : 905-890-1820

[info@orthocan.com](mailto:info@orthocan.com)

[www.orthocan.com](http://www.orthocan.com)

*(Registered Vendor for Orthotic Devices – ADP, Ministry of Health, ON )*

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**REFERRAL FORM**

Date :

**Name of the patient :**

Date of Birth :

Address :

Phone Number :

Email :

**Diagnosis :**

**Treatment:**

- Assessment
- Custom made Foot Orthotics
- Custom made Brace :  
AFO / Knee Brace/ KAFO/ Spinal/ Wrist-Hand Brace/ other
- Compression Stocking : 20-30mm.Hg / 30-40mm.Hg
- Off the shelf braces :  
Ankle Brace / Knee Brace / Wrist Brace / Lumbo-Sacral support /Other

**Physician's Information :**

Name:

CPSO License Number :

Signature :

Phone Number: