THUNDER BAY ORTHOPAEDIC

Patient Name	
Address	
Date of Birth	
Phone Number	
Health Card #	

Please Submit Form via:
Fax: (807) 345-7252
Email: reception@tbortho.com

Primary Location
○ 899 Fort William Road
Thunder Bay ON
P7B 3A6
P:(807)345-4665

Regional Clinic
○ Dryden
○ Fort Frances
○ Kenora
○ Sioux Lookout

REQUESTED DEVICE(S):

	CUSTOM FOOT ORTHOSES
	CRANIAL REMOLDING ORTHOSIS
	COMPRESSION GARMENTS (Specify mmHg) ○ 15-20 ○ 20-30 ○ 30-40 ○ OTHER
	ANKLE FOOT ORTHOSIS (AFO)
	KNEE
	ANKLE
	WRIST
	SPINAL
	FOOTWEAR ASSESSMENT
	FOOTWEAR MODIFICATION
	OTHER:

DIAGNOSIS
TREATMENT OBJECTIVES
○ AT DISCRETION OF CERTIFIED ORTHOTIST OR CERTIFIED PEDORTHIST

Referring Physician/Clinician		Signature		Date	

TBO USE ONLY	

EMPOWERING
MOVEMENT & MOBILITY