



PHYSIOTHERAPY & REHAB INC.

PLEASE FAX REFERRAL DIRECTLY TO THE CLINIC

Patient's Name : _____ Phone: _____ Date: _____

Diagnosis: _____ Physician's Signature: _____

Motor Vehicle Accident WSIB Extended Health Care Private

Rehabilitation Program (Physiotherapy, Chiropractic & Massage Therapy)

Vestibular/Pelvic Physiotherapy

Acupuncture

Braces / Splints Wrist Elbow Knee Ankle Back

Custom Made Orthotics

Dx Plantar Fasciitis Pes Planus

Metatarsalgia Heel Spur

Pes Cavus Bunions

Other: _____

Compression Stockings - 20-30 mmHg

Dx Varicose Veins

Venous Insufficiency

Other: _____

T.E.N.S Unit for Chronic Pain



SCARBOROUGH

	N	Steeles Ave.	
		Finch Ave.	
Warden Ave.	Kennedy Rd.	CAREWELL	Midland Ave.
		Huntingwood Dr.	
		Sheppard Ave.	

2677, Kennedy Rd., Unit # 2 & 4
Scarborough, ON M1T 3H8
Fax: 416 981 3314

**WE
ACCEPT
ALL
INSURANCE
CLAIMS.**

FOR APPOINTMENT PLEASE CALL Tel : 416 688 5850 - Email : carewellclinics@gmail.com