



CAREWELL 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
Tel : 416-688-5850
Fax: 416 981 3314

**WE
ACCEPT
ALL
INSURANCE
CLAIMS.**

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