

MOVEMENT

Sports Medicine + Physiotherapy

31 Disera Ave

Thornhill, Ontario

T(905) 882-3070

www.movementsportsmedicine.com

Suite 210

L4J 0A7

F(905) 882-3856

Patient's Name: _____

Date of Birth: _____

Telephone Number: _____

PLACE LABEL
HERE

Date: _____

Reason For Referral:

OHIP SERVICES

Sports Medicine and/or MSK Consultations:

- First Available Dr. Bazmi

Investigations Attached:

- MRI CT Bone Scan Ultrasound X-Ray

REHABILITATION SERVICES

- | | |
|---|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Personal Training |
| <input type="checkbox"/> Soft Tissue Mobilization | <input type="checkbox"/> Physiotherapy (Orthopaedic) |
| <input type="checkbox"/> Customized Injury Prevention | <input type="checkbox"/> Physiotherapy (Pelvic Health) |
| <input type="checkbox"/> Dry Needling | <input type="checkbox"/> Physiotherapy (Vestibular) |
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Sports Specific Training Program |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Sports Taping |

PRODUCTS

- Custom Knee Bracing

REFERRING PHYSICIAN INFORMATION

Physician's Name: _____

Signature: _____

Provider Number: _____

Please fax completed form to:

(905) 882 3856

Keep moving.