

NIAGARA Prosthetics & Orthotics

Located in the St. Catharines Hospital
Extension: #43668

*Your Freedom...
Through Expert Biomechanical Care*

PLEASE COMPLETE THE FOLLOWING FORM IN FULL TO INDICATE WHICH DEVICE YOU ARE PRESCRIBING.

Patient Name: _____ Date: _____

Diagnosis/Indication: _____

Physician's Name: _____ Physician's Signature: _____

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Airwalk Short</p> <p>NEW!</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> | <p>2. Airwalk Tall</p> <p>NEW!</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> | <p>3. Stirrup</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> | <p>4. Knee Sleeve</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> |
| <p>5. Hinged Knee Brace</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> | <p>6. Knee Immobilizer</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> | <p>7. Patella Control</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> | <p>8. MCL Trainer Brace</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> |
| <p>9. Wrist Splint (Short)</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> | <p>10. Wrist Splint (Long)</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> | <p>11. Wrist & Thumb Splint</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> | <p>12. Arm Sling</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> |
| <p>13. Humeral Fracture Sarmiento</p>  <p><input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R</p> | <p>Notes:</p> <hr/> <hr/> <hr/> | | |