



# LIBERTY

Athletic + Medical Supplies

264 Taché Avenue, Winnipeg, MB R2H 1Z9

(5 blocks south of St. Boniface Hospital)

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Email: info@libertymed.ca Web: libertymed.ca

Date \_\_\_\_\_  
Day Month Year

Manitoba Health # \_\_\_\_\_

PHIN # \_\_\_\_\_

Date of birth \_\_\_\_\_  
Day Month Year

Please print:  
Patient's name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_

Postal code \_\_\_\_\_ Street box # \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

<b>DIAGNOSIS:</b> Please be specific.	<b>DEVICE:</b> Or see options below.
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Device is required for  Daily living  Sports  Work \_\_\_\_\_  
Occupation

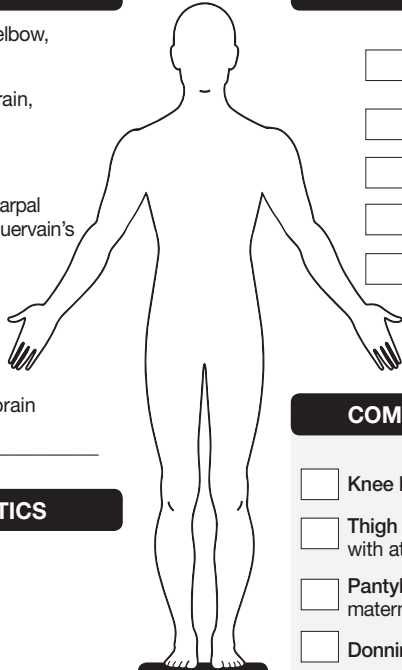
If second device in a 2-year period:  Change in patient's condition  Previous device damaged

## BRACING & SUPPORT

- Elbow brace | tennis elbow, ulnar neuropathy
- Back brace | back sprain, radiculopathy
- Hernia belt
- Wrist / hand brace | carpal tunnel syndrome, De Quervain's tenosynovitis
- Knee brace | arthritis, torn meniscus, ligamentous injuries (ACL, PCL, LCL, MCL)
- Ankle brace | ankle sprain
- Other \_\_\_\_\_

## MOBILITY AIDS

- Tick or add note(s)
- Walker | 4-wheel \_\_\_\_\_  
2-wheel \_\_\_\_\_
  - Wheelchair \_\_\_\_\_
  - Cane \_\_\_\_\_
  - Crutch \_\_\_\_\_
  - Toilet seat assist device
  - Other: \_\_\_\_\_



Draw on body if it helps to explain patient's needs

## CUSTOM ORTHOTICS

- Plantar fasciitis
- Heel spurs
- Pronation | flat feet
- Other \_\_\_\_\_

## COMPRESSION GARMENTS

- Tick or add note(s)
- Knee highs / Socks \_\_\_\_\_
  - Thigh highs | regular with attached waist \_\_\_\_\_
  - Pantyhose | regular maternity pantyhose \_\_\_\_\_
  - Donning devices \_\_\_\_\_
  - Other \_\_\_\_\_

**Prescribed by:**  
 Doctor's Signature \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_  
 Doctor Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Compression level:  15-20 mm Hg  
 20-30 mm Hg  40-50 mm Hg  
 30-40 mm Hg  50-60 mm Hg  
 See compression guidelines on other side.  
 Number of: pairs \_\_\_\_\_ refills \_\_\_\_\_