



BRACE AID Medical Supply

Address: 2175 Sheppard Avenue East, Suite #213, North York, M2J-1W8, Ontario, Canada

Phone: 1-888-222-5938 or 647-333-7293

Email: info@braceaidmedicalsupply.com

Website: www.braceaidmedical.com

Please have form completed by Referring Physician

Patient Name _____ Date _____

Physician's Name _____ Clinic Name _____
or Stamp

Physician's Signature _____

Brace / Splint for: Left Right

Dx: Wrist / Thumb

- Carpal Tunnel
- Tendonitis
- De Quervain's Tenosynovitis
- CMC (Basal OA)
- Fracture

Dx: Elbow

- Lateral Epicondylitis
- Medial Epicondylitis
- Ulnar Neuropathy

Dx: Ankle

- Acute Sprain
- Chronic Sprain
- Tibia/Fibula Fracture
- Achilles Tendonitis

Dx: Neck / Shoulder

- Postural Kyphosis
- Rotator Cuff Injury
- Dislocated Shoulder
- Clavicle Fracture

Dx: Back

- Lumbar Strain/Sprain
- Degenerative Disc Disease
- SI Joint Dysfunction

Dx: Foot

- Plantar Fasciitis
- Heel Spur
- Metatarsal Fracture
- Drop Foot

Dx: Knee

- Meniscal Tear
- Patellofemoral Syndrome
- Osgood Schlatter
- Ligament Tear/Sprain:
 - ACL
 - PCL
 - MCL
 - LCL
- Osteoarthritis
 - Medial
 - Lateral
 - Patella
 - Mild
 - Moderate
 - Severe

RX: _____

Radiology Report Available

- Yes
- No

Custom Orthotics/Footcare

- Dx: _____
- Custom Made Orthotics
 - Footcare
 - Chiroprapist Assessment

Compression Socks/Sleeves

- Dx: _____
- Varicose Veins
 - Lymphedema
 - Venous Insufficiency
 - DVT

Rehab Products

- Tens Unit
- Cold Therapy Unit
- Crutches
- Sling
- Hands-Free Crutch