

TRILLIUM HEALTH PARTNERS
CREDIT VALLEY HOSPITAL
C-FRACTURE
2200 EGLINTON AVE W
MISSISSAUGA, ON L6H 5Z6

Trillium
Health Partners

CLINIC CHARGE SLIP

C L 1 4 7 2 7 3 / 2 0
SALMAN, SAHAR
DOB 26/04/76 Gender F Age 44 HN# 8133749922-FK
8 5 4 0 8 2

TERM ID: A6361965

BATCH#: 274
SHIFT#: 001

Sale

INV#: 0000000006
VISA

Chip
SEQ#: 274001001006

Application Label: Visa Credit
ATD: A00000000031010
TVR: 00 00 00 00 00
TSI: F8 00
*****2903

Total: CAD\$ 190.00

APPROVED 06786F
001/00

02-Oct-20

11:32:26

CUSTOMER COPY
THANK YOU!

Code	Amount	Order	Code	Amount	Order
		Entered			Entered
ADULT:					
ACSC	\$	<input type="checkbox"/>	ACSA	\$	<input type="checkbox"/>
AFG10	\$	<input type="checkbox"/>	AF12	\$	<input type="checkbox"/>
AFG14	\$	<input type="checkbox"/>	AFG11	\$	<input type="checkbox"/>
AFG2	\$	<input type="checkbox"/>	AFG13	\$	<input type="checkbox"/>
AFG4	\$	<input type="checkbox"/>	AFG3	\$	<input type="checkbox"/>
AFGG2	\$	<input type="checkbox"/>	AFG5	\$	<input type="checkbox"/>
AFGG4	\$	<input type="checkbox"/>	AFGG3	\$	<input type="checkbox"/>
ARMP	\$	<input type="checkbox"/>	AFGG5	\$	<input type="checkbox"/>
APU	\$	<input type="checkbox"/>	ARMS	\$	<input type="checkbox"/>
AWB	\$	<input type="checkbox"/>	ASI1	\$	<input type="checkbox"/>
AFSPLINT2	\$	<input type="checkbox"/>	ACB1	\$	<input type="checkbox"/>
			ABC2	\$	<input type="checkbox"/>
			ASB	\$	<input type="checkbox"/>
			ACS1	\$	<input type="checkbox"/>
			AFSPLINT1	\$	<input type="checkbox"/>
INJECTIONS:					
			Betamethasone sodium phosphate 6mg/mL (DIN 2237835)	AINC	\$ <input type="checkbox"/>
			Depomedrol - 1mL (DIN 00030759)	AIND	\$ <input type="checkbox"/>
			Depomedrol - 1mL (DIN 00030759)	AIND2	\$ <input type="checkbox"/>
			Synvisc One Hyal G-F 6mL	ASYNV	\$ <input type="checkbox"/>
			Other Short foam wolver		\$190 <input type="checkbox"/>
			Other		\$ <input type="checkbox"/>
MISC:					
			Clinic Visit - Self Pay (OHIP Pending)	CL1	\$ <input type="checkbox"/>
			Clinic Visit - SP Non-Resident	CL1	\$ <input type="checkbox"/>
COMMENTS:					

Fiberglass Splint

GENERAL:

Zero Sox Cast Cover Half Arm	AXXHA	\$	<input type="checkbox"/>
Zero Sox Cast Cover Half Leg	AZXHL	\$	<input type="checkbox"/>
Knee Immobilizer	AKS1	\$	<input type="checkbox"/>
Cast Boot	ABOOT	\$	<input type="checkbox"/>
Cast Protector	ACP	\$	<input type="checkbox"/>
Crutches	ACR1	\$	<input type="checkbox"/>
Crutch Grip Replacement	AGRIP	\$	<input type="checkbox"/>
Pads for Crutches	APAD	\$	<input type="checkbox"/>
Ring Removal	ARING	\$	<input type="checkbox"/>
Wound Kit	AWOUNDKIT	\$	<input type="checkbox"/>
Tensor Bandage (2" - 3")	ATENSOR1	\$	<input type="checkbox"/>
Tensor Bandage (4" - 6")	ATENSOR2	\$	<input type="checkbox"/>
Cast Change/Removal - Self Pay	E22	\$	<input type="checkbox"/>
Cast Change/Removal - SP Non-Resident	E22	\$	<input type="checkbox"/>
Complicated Dress - Self Pay	E21	\$	<input type="checkbox"/>
Complicated Dress - SP Non-Resident	E21	\$	<input type="checkbox"/>

Healthcare Professional Signature:

[Signature]

REF 01ES-S

Guarantee for Payment

I hereby authorize Credit Valley Hospital to charge my Credit Card or Debit Card

Cardholder's Signature:

[Signature]

Total Canadian \$

190.00

Method of Payment

PAID BY:

Amex

Interac

Visa

Mastercard

☐☐☐☐

Patient/Guarantor Name (Print)

[Printed Name]

Relationship to Patient

[Printed Relationship]

Patient/Guarantor Signature

[Signature]

Date Signed

[Date]

I have been informed of the above charges for items/services received and agree to pay the charges incurred. FINAL SALE.





MISSISSAUGA
PHYSIOTHERAPY &
ORTHOPEDIC CENTER

Trevor

33 City Centre Drive, Suite 420
Mississauga, Ontario L5B 2N5

Tel: 289-724-2007

Toll Free: 1-877-480-8226

Fax: 905-828-5136

REQUISITION FOR PHYSIOTHERAPY TREATMENT

Date:



Patient's Name:

Salman, Sahar
DOB: 26/4/1976 Age: 44 y.o.
OHIP: 8133749922FK
MRN: 1002808615 CSN: 116235320
ADMISSION DATE: N/A
ATTENDING PHYSICIAN:
PCP: Jane Park, MD

Telephone Number:

Diagnosis:

Precautions:

X-ray/Lab Results:

Type of Patient

OCT 23 2020

☐ MVA

☐ WSIB

☐ Extended Health/Private

Services Requested:

☐ Physiotherapy (at therapists discretion)

☐ Massage Therapy

☐ Acupuncture

☒ Custom Orthotics

☐ Occupational Therapy

☐ FAE

☐ Pelvic Floor Rehab.

☐ Other:

Referring Physician: Dr. *Ro Farel*

(please print)

DR. J. ROFAIEL

Telephone Number:

CPSO # 97883

NOTES:

Chronic plantar foot pain



MISSISSAUGA PHYSIOTHERAPY & ORTHOPEDIC CENTER

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MRN: 1002808615 CSN: 116235320
ADMISSION DATE: N/A
ATTENDING PHYSICIAN:
PCP: Jane Park, MD

Diagnosis:

(L) foot sprain / strain.

Precautions:

X-ray/Lab Results:

Type of Patient

OCT 23 2020

☐ MVA ☐ WSIB ☐ Extended Health/Private

Services Requested:

☒ Physiotherapy (at therapists discretion) ☐ Massage Therapy ☐ Acupuncture
☐ Custom Orthotics ☐ Occupational Therapy ☐ FAE
☐ Pelvic Floor Rehab. ☐ Other.....

Referring Physician: Dr.....

(please print).....

DR. J. ROFAIEL

Telephone Number:.....

CPSO # 97883

NOTES:

R.O.M. & STRENGTHENING

EXERCISES