

SECTION A: CLAIMANT INFORMATION

Insured's First Name: Wei Last Name: Xu
☐ Male ☒ Female Date of Birth: 05/14/1959 Policy #: OPT126553

Address in Canada
Street Address: 36 Shemer Dr
City/Town: THORNHILL Postal Code: L4J9A6
Telephone: (905) 709 6019 Email: toby-bian@gmail.com
Country of Origin: China Date of Arrival in Canada: 03/13/2012
Name: N/A

Name and Address of Family Physician in Country of Origin
Street Address: N/A
City/Town: N/A Postal Code: Telephone: ()
Name: Dr. Allen Yin

Name and Address of Family Physician in Canada
Street Address: 4190 Finch Ave E. Suite 309
City/Town: Scarborough Postal Code: M1S4T7 Telephone: (416) 335-3308
Do you have other insurance coverage including Canadian government health insurance? ☐ Yes ☒ No
Do you have insurance coverage through your spouse? ☐ Yes ☒ No
If 'Yes', please provide name and address of other insurance company/coverage:
Name: N/A
Street Address: N/A
City/Town: N/A Postal Code: Telephone: ()

SECTION B: MEDICAL INFORMATION

Brief description of sickness or injury: Shoulder pain, slower can not move too much

Date symptoms or injury first appeared: 10/2/2012 Date you first saw physician for this condition: 10/29/2012
Have you ever been treated for this or a similar condition before? ☐ Yes ☒ No
If 'Yes', give all dates of treatment and list all medication taken **BEFORE** the effective date of the current policy:
Date: MM/DD/YYYY Medication: N/A
Date: MM/DD/YYYY Medication: N/A

SECTION C: EXPENSES CLAIMED

| Name of Provider | Diagnosis | Date of Service (MM/DD/YYYY) | Amount Billed | Amount Paid |
|--------------------------------|----------------------|---------------------------------|----------------|----------------|
| 1. <u>Dr. Yin</u> | <u>Medical visit</u> | <u>10/29/2012</u> | <u>\$50</u> | <u>\$50</u> |
| 2. <u>Shoppers Drug Mart</u> | <u>Medication</u> | <u>11/29/2012</u> | <u>\$78.24</u> | <u>\$78.24</u> |
| 3. <u>THERAPY REHAB CENTER</u> | <u>TREATMENT</u> | <u>Nov 02-24/2012</u> | <u>\$300</u> | <u>\$300</u> |

SECTION D: AUTHORIZATION AND CERTIFICATION

TIC is committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information will be used only for the purpose of providing you with the requested insurance services. For a copy of TIC's privacy policy, please contact us.

I authorize any doctor, hospital or facility providing medical or health related services, and any other insurer to release and exchange with TIC or its representatives, any information that is required to process this claim. I assign to TIC any benefits payable from any other sources for losses covered under this policy, and I authorize and direct such payors to forward payment directly to TIC. I also authorize any third party providing me with assistance in this claims process, to have access to any and all relevant claims information related to the adjudication of my claim with TIC. I confirm I am authorized to act on behalf of my dependants for these purposes. A photocopy of this authorization shall be as valid as the original. I certify that the information provided in connection with this claim is complete, true and accurate.

Full Name of Patient/Insured (please print): Wei Xu Date: Dec 5/2012
I authorize payment of this claim to (print name): XUE Li
Signature of Insured (if minor, signature of parent or legal guardian): Li Xu
Signature of policy holder of other insurance in Section A (if applicable):

Privacy Release Form - Third Party

I, Xu Wei, give
permission for Yuan Bian
INSURED PERSON
THIRD PARTY

to have access to any and all relevant claims information,
including medical records, related to the adjudication of
my claim # _____ with TIC Travel Insurance
Coordinators Ltd. (TIC).

I understand that this information will be shared
between TIC and the third party named above solely
for the purpose of this person assisting me in
understanding the claim adjudication and its results.

Signed this 23 day of Dec, 2012.
DAY MONTH YEAR

Li Jue
SIGNATURE OF INSURED PERSON

Xu Wei
NAME OF INSURED PERSON (PLEASE PRINT)

TIC
claims & travel assistance

TIC Travel Insurance Coordinators
Eastern Claims Toll free 1 800 869 6747
Eastern Claims Fax + 416 340 7152

5T004MF-0508

Privacy Release Form - Third Party

I, Xu Wei, give
permission for _____
INSURED PERSON
THIRD PARTY

to have access to any and all relevant claims information,
including medical records, related to the adjudication of
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Signed this 23 day of Dec, 2012.
DAY MONTH YEAR

Li Jue
SIGNATURE OF INSURED PERSON

Xu Wei
NAME OF INSURED PERSON (PLEASE PRINT)

TIC
claims & travel assistance

TIC Travel Insurance Coordinators
Eastern Claims Toll free 1 800 869 67
Eastern Claims Fax + 416 340 71

5T004MF-0508

明報三月四日

明 C.傅 貼 士 ---- 肩週炎/五十肩 (Frozen Shoulder) 上

文：傅卓明 (MINGCFU@HOTMAIL.COM)

黃太有天起床後發現右肩疼痛，她懷疑因為昨天去超市買菜比平時買得更多及更重而弄傷了肩膀。黃太於是減少活動右肩，多加休息。可是過了幾個星期，右肩的症狀不但沒有好轉，反而活動幅度漸受限制。黃太發現洗澡後難以將右手抬高去整理頭髮，也難以將右手伸後穿上內衣，晚上睡覺時更不能往右側卧壓到右肩，因為這些動作都會引起右肩劇痛。黃太很是害怕，於是去看醫生，醫生診斷黃太患上肩週炎，需要服藥及接受物理治療。美國波士頓有研究統計每一百人之中有約二至三人會同時患上此一疾病，可見肩週炎其實是非常普遍的。有見及此，傅卓明物理治療師會連續兩週於本欄內介紹肩週炎的成因、症狀及防治方法。

肩週炎(Frozen Shoulder / Adhesive Capsulitis) 又稱五十肩或雪肩，其正式學名為「粘連性關節囊炎」。醫學上肩週炎可歸納為四個發病的誘因：

1. 年齡及性別：肩週炎最常發生於 40 至 60 歲之間的成年人，其中女性患者的比例約為男性患者的一倍。
2. 內分泌疾病患者(Endocrine Disorders)：據統計糖尿病(Diabetes) 及甲狀腺(Thyroid) 疾病患者的肩週炎發病率較同一年齡及性別人士大幅提高。
3. 肩膀受傷或曾接受外科手術：肩膀受傷或外科手術之後都會大幅提高患上肩週炎的機遇，尤其是外科手術、脫臼或上臂骨折後需要肩膀固定不動(Immobilization) 一段時間更會容易引起肩關節粘連。
4. 其它系統疾病：心臟病、帕金森症(Parkinson's Disease) 患者等由於日常較少活動肩膀均容易造成肩週炎。

肩週炎的常見症狀包括肩關節疼痛、僵硬及病發關節局部失去活動能力。患者會發現病發肩膀無法正常活動，嚴重影響日常生活起居，睡覺時也會由於疼痛而無法側睡。較嚴重患者更會感覺手臂乏力，神經線由於在肩膀受壓導致痛楚或麻痺感覺向手指方向放射，手心冒出冷汗。如不設法治理，可能會引致全條手臂肌肉痙攣抽搐，完全失卻正常手臂功能，患上例如 Reflex Sympathetic Dystrophy (簡稱 RSD)等更嚴重疾病。因應肩週炎的症狀，醫學界普遍將其劃分為三個階段：

1. 痛楚期 / 急凍期——通常指病發初期(約六至十二週之間) 肩膀感到非常疼痛又無法如常活動。
2. 冰封期——通常指急凍期後的四至六個月期間痛楚減輕，但肩膀更感僵硬。
3. 解凍期 / 恢復期——當患者肩膀逐漸恢復活動能力，痛楚及僵硬感便會隨之減輕，最後完全恢復活動能力。通常解凍期約需時六個月至兩年之間，有些人甚至永遠無法完全回復活動能力。

下週本欄會繼續探討肩週炎的防治方法。

傅卓明物理治療師查詢電話 416-332-1168

明報三月十一日

明 C.傅 貼士 ---- 肩週炎/五十肩 (Frozen Shoulder) 下

文：傅卓明 (MINGCFU@HOTMAIL.COM)

上週傅卓明物理治療師已於本欄介紹肩週炎的成因及症狀，今期本欄會深入探討肩週炎的防治方法。有些病人可能會長期停滯於其中一個前述的肩週炎階段而沒有進展。治療肩週炎的關鍵便在於提早完結痛楚及冰封期，加速恢復期的進度及關節自由活動能力的完整度。

治療肩週炎的方法主要包括藥物治療、物理治療、關節內注射、外科鬆動術及微創手術等：

1. 藥物治療——醫生會因應病人的肩週炎症狀及身體狀況處方消炎止痛藥及肌肉鬆弛藥幫助控制及舒緩病情。因為肩週炎病人普遍都會有一種「越痛越不敢動，越不動關節活動越受限制所以更痛」的惡性循環。藥物治療便是針對這方面的主要治療方法。
2. 物理治療——註冊物理治療師經過診斷後會因應肩週炎的不同階段使用熱敷 (或冰敷)、超聲波、電療、激光、針灸、手力治療(或手力復位)、按摩及肩膊伸展運動等作為適當的治療。其中熱/冰敷、電療、激光及針灸的主要作用為消炎、止痛及鬆弛患病關節，舒緩肩週炎引致的症狀。手力治療、手力復位、按摩及肩膊伸展運動則主要幫助患者恢復活動能力。
3. 關節內注射——對於較嚴重的肩週炎患者，專科醫生會使用類固醇 (CORTISONE) 作關節內注射，以期達到消炎及鎮痛效果。患者注射後必需配合適當的物理治療以恢復關節的活動能力。
4. 外科鬆動術——如上述所有方法都無法治療病患，患者可能會被轉介至外科醫生進行外科鬆動術(MANIPULATION UNDER ANAESTHESIA)。患者首先會接受麻醉，然後外科醫生會將患者的肩膊粘連部份拉鬆。由於不用開刀，因此不會造成傷口及結痂。
5. 微創手術——除外科鬆動術外，如有必要，外科醫生亦會以微創 (ARTHROSCOPIC)方法治療肩週炎。微創手術主要目的是透過鑽開小孔再以微型鉗刀將粘連部份切開 (SURGICAL CAPSULAR RELEASE)。患者接受微創手術後一般都會獲外科醫生轉介至物理治療以深化微創手術的治療效果。

其實讀者不難留意上述所有治療方法旨在為患者恢復肩膊的活動能力。讀者應緊記前述肩週炎「越痛越不動，越不動關節活動越受限制所以更痛」的道理。所以傅卓明物理治療師忠告廣大讀者為預防肩週炎，平日應定時把雙肩向全部不同方向伸展。日常運動如太極、瑜伽、游泳等均能達致同一效果。如果不幸患上肩週炎，應及早接受醫生及物理治療師的診治，以免病情日漸加深。

傅卓明物理治療師查詢電話 416-332-1168

Patient: WEI XU
Prescriber: DR. ALAN ZHENG LIU YIN
Brand Name: TEVA-NAPROXEN 375MG
Chemical Name: NAPROXEN 375MG

Date: 2012/11/29
Tx: 18052525
DIN: 00627097

Common uses

This medication is a nonsteroidal anti-inflammatory drug (NSAID). Typically, it is used for pain or for inflammation. It may also be used for the relief of osteoarthritis, as well as for other uses. Its effects can be felt within 1 hour.

How to use this medication

This medication is typically used twice a day. However, your doctor or pharmacist may have suggested a different schedule that is more appropriate for you. Depending on the treated condition, it may be used regularly or only as needed. Follow the instructions provided by your doctor or pharmacist.

Important: Follow the instructions on the label. Do not use more of this product, or more often, than prescribed. This medication may irritate the stomach, and should be taken with food. It is best to avoid coffee, spicy food or alcohol.

As with most medications, this product should be stored at room temperature. Store it in a secure location where it will not be exposed to excessive heat, moisture or direct sunlight. Keep it out of reach of young children.

Possible side effects

In addition to its desired action, this medication may cause some side effects, notably:

- it may cause heartburn;
- it may cause headaches;
- it may cause nausea or, rarely, vomiting;
- it may cause dizziness -- use caution when getting up from a lying or sitting position;
- it may make your skin more sensitive to the sun or sun lamps -- wear sunscreen and avoid exposure to sunlight as much as possible.

Each person may react differently to a treatment. If you think this medication may be causing side effects (including those described here, or others), talk to your doctor or pharmacist.

Additional information

This medication may interact with another medication or supplement that you are taking. Although many interactions are minor, some may cause severe problems. Fortunately, many interactions may be dealt with by a dosage adjustment or a change in medication schedule. Check with your pharmacist before using this medication in combination with any other medications (including non-prescription products), vitamins or natural products.

General information

It is important to tell the health professionals you consult:

- if you have a history of any other medical condition, whether you smoke and for women, if you are pregnant or breast-feeding;
- if you have allergies to any medications or any other allergies (e.g. to food, latex, etc.);
- all medications you are taking, prescription and non-prescription, including vitamins and natural products and supplements.

RECU
RECEIPT

| | | |
|--|---------------------|-------------|
| REÇU DE RECEIVED FROM | DATE | |
| XU, WEI | Oct 29, 2012 | |
| — Fifty Dollars Only | | \$50.00 |
| POUR FOR | Medical Visit | 100 DOLLARS |
| 4100 Finch Ave. E. #100 Richmond, Ontario M1S 4T4 Phone: (416) 332-3308 Fax: (416) 332-1832 | | |
| N° DE TAXE TAX REG. NO. | No. OHIP, No Refund | PAR BY |
| | | DC2728 |

**SHOPPERS
DRUG MART**

Rutherford Market Place 1170
9306 Bathurst Street, Bldg 1, Unit A,
Vaughan, ON, L6A 4N7
289-304-8722

1170 1001 105600 01234 3

SALE

| | | |
|-------------------|-----|-----------|
| PRESCRIPTIONS | N X | 24.82 |
| ROYALE BTHRM TISS | B | 4.99 SALE |
| ROYALE BTHRM TISS | B | 4.99 SALE |
| BOUNTY PAPER TWLS | B | 4.99 SALE |
| BOUNTY PAPER TWLS | B | 4.99 SALE |
| AVEENO DIAPER CRM | B | 6.99 SALE |
| AVEENO DIAPER CRM | B | 6.99 SALE |
| WEBBER CALC LIQ | B | 13.99 |

SUBTOTAL: 72.75

HST: 6.23

8 Items

TOTAL: \$78.98

MASTERCARD: 78.98

You have saved \$24.00

On your next visit you could

Save up to \$ 10.00

If you REDEEM 8000 points

Shoppers Optimum # 854***351/00
REGULAR POINTS: 470
TOTAL POINTS EARNED TODAY: 470
Current Points Balance 18700
Next Reward Level 22000

Get the most out of your Optimum Membership.
Sign up for exclusive email offers today
at shoppersdrugmart.ca/email.

to email offers for your Optimum Membership, please visit
shoppersdrugmart.ca/email



THE PHYSIOTHERAPY & REHAB CENTER

#102 - 4190 Finch Avenue East, Scarborough, Ontario M1S 4T7
Tel: 416-332-1168 Fax: 416-332-8863

Receipt / Invoice

Patient's Name: Xu, Wei.

No.:
Date: NOV 02 2012



| SERVICES | DESCRIPTION | AMOUNT |
|---|--------------------------------|--------|
| <input checked="" type="checkbox"/> Physiotherapy | INITIAL ASSESSMENT & TREATMENT | \$90- |
| <input type="checkbox"/> Chiropractic | | |
| <input type="checkbox"/> Massage Therapy | | |
| <input type="checkbox"/> Acupuncture | | |
| <input type="checkbox"/> Custom Made Orthotics | | |
| <input type="checkbox"/> Compression Stockings | | |
| <input type="checkbox"/> Others | | |
| | | |
| Service Providers: | CHAPMAN Yu (RPT) | |
| Reg# | 9827 | |
| TOTAL | | \$90- |

PAID

Payment Methods: ☐ Cash ☐ Cheque ☐ Visa Cards ☒ Master Cards ☐ Debit Cards

Received by: Handy Thank You DEPOSIT BALANCE

SCARBOROUGH, ON

M15 4T7

416-332-1168

SIO THERAPY & REHAB CENTER

venue East, Scarborough, Ontario M1S 4T7
 ax: 416-332-8863

Receipt / Invoice

1. ALEI $\text{:}\ddot{\text{O}}\text{:N:}$

Date: NOV 02 2012



MID: 8019115669

TID: 0089250006019115669000

Entry Method : C

REF #: 16

2012/11/02

Trace:0018

APPROVED

Appr Code: 010668

MASTERCARD

*****3700

AMOUNT **\$90.00**

VERIFIED BY PIN

PC MasterCard

MasterCard

AID: H0000000041010

TC: E0B8C8

TUR: 0000008000

THANK YOU / MERCI

CUSTOMER COPY

DESCRIPTION

AMOUNT

INITIAL ASSESSMENT & TREATMENT

891-

PAID

CHAPMAN 74 (RPT)

9827

TOTAL

896-

- Visa Cards
- Master Cards
- Debit Cards

DEPOSIT

BALANCE

Thank You

BALANCE

PT REHAB CENTE

4190 FINCH AVE UNIT 102

SCARBOROUGH, ON

M1S 4T7

416-332-1168

PHYSIOTHERAPY & REHAB CENTER

Avenue East, Scarborough, Ontario M1S 4T7

Fax: 416-332-8863

Receipt / Invoice

SALE

MID: 8-1115689

TID: 006925008019115669000

Entry Method : 0

REF #: 5

2012/11/24

Trace: 10005

APPROVED

13:39:35

Appr Code: 08091B

MASTERCARD

*****3700

AMOUNT

\$70.00

VERIFIED BY PIN

PC MasterCard

MasterCard

AID: A0000000041010

TO: E0868

TR: 0000006000

THANK YOU / MERCI

CUSTOMER COPY

No.:
Date: NOV 24 2012



DESCRIPTION

AMOUNT

TREATMENT

\$70.-

PAID

MAN Fu (RPT)

9827

TOTAL

\$70.-

o Visa Cards o MasterCard o Debit Cards

DEPOSIT

BALANCE

Thank You



THE PHYSIOTHERAPY & REHAB CENTER

#102 - 4190 Finch Avenue East, Scarborough, Ontario M1S 4T7
Tel: 416-332-1168 Fax: 416-332-8863

Receipt / ~~Invoice~~

Patient's Name: Xu, Wei No.: _____ Date: NOV 24 2012



| SERVICES | DESCRIPTION | AMOUNT |
|---|-------------|--------|
| <input checked="" type="checkbox"/> Physiotherapy | TREATMENT | \$70,- |
| <input type="checkbox"/> Chiropractic | | |
| <input type="checkbox"/> Massage Therapy | | |
| <input type="checkbox"/> Acupuncture | | |
| <input type="checkbox"/> Custom Made Orthotics | | |
| <input type="checkbox"/> Compression Stockings | | |
| <input type="checkbox"/> Others | | |
| Service Providers: CHAPMAN Fu (RPT) | | |
| Reg.# | 9827 | |
| TOTAL | | \$70,- |

PAID

Payment Methods: ☐ Cash ☐ Cheque ☐ Visa Cards ☒ Master Cards ☐ Debit Cards

Received by: W. Fu DEPOSIT BALANCE

Thank You

REHAB CENTE
4150 FINCH AVE UNIT 102
SCARBOROUGH, ON

M1S 4T7
416-332-1168

PHYSIOTHERAPY & REHAB CENTER

Avenue East, Scarborough, Ontario M1S 4T7

Fax: 416-332-8863

Receipt / Invoice

SALE

Dei

No.:
Date: **NOV 17 2012**



MID: 8019115669

TID: 008925008019115669000

Entry Method : C

REF #: 8

2012/11/17

Trace:0011

13:06:48

APPROVED

Appr Code: 094758

MASTERCARD

*****3700

AMOUNT \$70.00

VERIFIED BY PIN

Chapman Fu (RPT)

TOTAL

\$70.

MasterCard

AID: A0000000041010

TC: E08808

TUR: 0000008000

THANK YOU / MERCI

CUSTOMER COPY

o Visa Cards o MasterCard o Debit Cards

DF

Thank You

DEPOSIT
BALANCE

DESCRIPTION

AMOUNT

Treatment

\$70

notices

king's

PAID



THE PHYSIOTHERAPY & REHAB CENTER

#102 - 4190 Finch Avenue East, Scarborough, Ontario M1S 4T7
Tel: 416-332-1168 Fax: 416-332-8863

Receipt / Invoice

Patient's Name: Ka, Wei

No.:

Date: NOV 17 2012



| SERVICES | DESCRIPTION | AMOUNT |
|---|-------------|--------|
| <input checked="" type="checkbox"/> Physiotherapy | Treatment | \$ 70 |
| <input type="checkbox"/> Chiropractic | | |
| <input type="checkbox"/> Massage Therapy | | |
| <input type="checkbox"/> Acupuncture | | |
| <input type="checkbox"/> Custom Made Orthotics | | |
| <input type="checkbox"/> Compression Stockings | | |
| <input type="checkbox"/> Others | | |
| PAID | | |
| Service Providers: <u>Chapman Fu (RPT)</u> | | |
| Reg.# <u>9827</u> | | |
| TOTAL | | \$ 70. |

Payment Methods: ☐ Cash ☐ Cheque ☐ Visa Cards ☒ Master Cards ☐ Debit Cards

Received by: [Signature]

DEPOSIT BALANCE

Thank You

PHYSIOTHERAPY & REHAB CENTER

4190 FINCH AVE UNIT 102
 SCARBOROUGH, ON M1S 4T7
 Tel: 416-332-1168 Fax: 416-332-8863

416-332-1168
 No.:
 Date: Nov 5 2012



SALE

MID: 8019115669

TID: 0099250008019115669000

Entry Method : C

REF #: 5

2012/11/05

Trace:0005

DESCRIPTION

AMOUNT

TREATMENT

\$70-

APPROVED

PAID

CS

Appr Code : 09520B
 MASTERCARD

*****3700

AMOUNT \$70.00

VERIFIED BY PIN

LING JANEI CHENG

TOTAL

11696

\$70-

PG MasterCard
 MasterCard

AID: A0000000041010

TO: E08808

TYP: 0000008000

THANK YOU / MERCI

o Visa Cards o MasterCard o Debit Cards

DEPOSIT

BALANCE

Make

Thank You



THE PHYSIOTHERAPY & REHAB CENTER

#102 - 4190 Finch Avenue East, Scarborough, Ontario M1S 4T7
Tel: 416-332-1168 Fax: 416-332-8863

Receipt ~~Invoice~~

Patient's Name: Xu, Wei

No.: _____

Date: NOV 05 2012



| SERVICES | DESCRIPTION | AMOUNT |
|---|-------------|--------|
| <input checked="" type="checkbox"/> Physiotherapy | TREATMENT | \$ 70- |
| <input type="checkbox"/> Chiropractic | | |
| <input type="checkbox"/> Massage Therapy | | |
| <input type="checkbox"/> Acupuncture | | |
| <input type="checkbox"/> Custom Made Orthotics | | |
| <input type="checkbox"/> Compression Stockings | | |
| <input type="checkbox"/> Others | | |
| <input type="checkbox"/> | | |

PAID

Service Providers: WAI LING JANEI CHENG
Reg.# 11696

TOTAL

\$ 70-

Payment Methods: ☐ Cash ☐ Cheque ☐ Visa Cards ☒ Master Cards ☐ Debit Cards

DEPOSIT

Received by: Marta

Thank You

BALANCE



P T REHAB CENTER

專業 物理治療康復中心

4190 Finch Avenue East, Suite #102, Scarborough, Ont. M1S 4T7
(N.W. CORNER OF FINCH AND MIDLAND)
Tel: (416) 332-1168 Fax: (416) 332-8863

Directing Physiotherapist:

Chapman Fu

傅卓明

Registered Physiotherapist (Ontario, H.K.)
Cert. MDT (McKenzie Institute International)
Member of CPA. and C.S.C.M.A.

✓ C
✓ E
✓ A
XU, WEI 8189
F 14-SEP-1959 AGE:53
landicap
s.
ON 0000000000
(647) 638-5021(H) (905) 709-6019(B)

Name: _____ Date: _____

Diagnosis: _____

Precautions, if any: _____

Referred for:

- ☒ Physiotherapy
- ☐ Massage Therapy
- ☒ Chiropractic Care
- ☒ Acupuncture
- ☐ Foot Orthotics
- ☐ Compression Stockings
- ☐ Other Indications ...

Selections (if necessary):

- ☐ Heat / Cold therapy
- ☐ Modalities (ie. Ultrasound)
- ☐ Electrotherapy
- ☐ Mechanical Traction
- ☐ Paraffin Wax
- ☐ Manual Therapy
- ☐ McKenzie's Protocol
- ☐ Cardiac Rehab
- ☐ Reconditioning
- ☐ Work Hardening
- ☐ Active Exercise Program
- ☐ At Discretion of Therapist
- ☐ As Per Dr's Protocol

Covered under:

- ☐ Motor Vehicle Accident
- ☐ Extended Health Plans
- ☐ W.C.B. / W.S.I.B.
- ☐ Self Payment
- ☐ Others ...

Referring Physician

Signature

| | | | |
|-----------------------|---------|----------|---------|
| OUR LOCATION 本中心現址 | | STEELES | N ↑ |
| KENNEDY | MIDLAND | FINCH | |
| | | SHEPPARD | |
| | | HWY 401 | |
| | | BRIMLEY | McCOWAN |