PBO NIAGARA
PROSTHETICS
BRACING
ORTHOTICS
547 GLENRIDGE AVENUE
ST. CATHARINES, ON L2T 4C2
TEL: 905-688-2553
PBOGROUP.CA

SCOLIOSIS CLINIC REFERRAL FORM

FAX: 905-688-3230 | Email: receptionhds@niagarapo.ca

CLIENT INFORMATION

☐ Female **Name**: .....

☐ Male **Date of Birth:** ..... MM/DD/YYYY

Street Address: .....

City/Town: ..... Postal Code: .....

Health Card Number: ..... Telephone Number: .....

Diagnosis/Rx: .....

.....

.....

REFERRAL SOURCE

Referring Physician: ..... please print clearly

Telephone Number: ..... Fax Number: .....

Signature: ..... Referral Date: ..... MM/DD/YYYY

Notes: .....

.....

.....

****PLEASE FORWARD ANY PERTINENT REPORTS****

SUBMIT FORM