



DUNDAS VALLEY ORTHOTICS



8 OGILVIE STREET, DUNDAS, ONTARIO, L9H 2S2

Tel and Fax: 905 627 7320

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Physician Referral Form

Date: _____

Name: _____

Diagnosis/Instructions:

- Custom Made Foot Orthotics**
- Orthopedic Footwear** **Custom Made** **OTS**
- Knee Brace**
- Wrist Brace**
- Ankle Foot Orthosis (AFO)**
- Other:**

Physician's Signature:

Print Name: _____

Designation: _____

*Proud supporting members of
The Podiatric Association of Canada, College of Podiatrists of Canada, Orthotics
Prosthetics Canada, The College of Kinesiologists of Ontario*