

BRANDON

PRIVATE OCCUPATIONAL THERAPY CLINIC

Unit B - 2412 Victoria Ave. Brandon, Manitoba R7B 0M5
Tel: 204-726-1850 Fax: 204-725-2689 Email: frontdesk@bpotc.ca

Name: _____

D.O.B.: _____ MHSC: _____

Phone: _____ Parent/Guardian: _____

DIAGNOSIS:

PLEASE ASSESS FOR:

- Custom Orthotics
- Custom Footwear
- Richie Brace
- Knee Brace (Right or Left, Medial or Lateral Unloader)
- Compression Garment
- Splinting/Hand Therapy
- Other

COMPRESSION GARMENT:

Please select one:

- Knee High
- Thigh High
- Panty
- Chaps
- Custom
- Other

Please select compression level:

- Support Wear 8–15mmHg
- Medical Leg Wear 15–20mmHg
- Medical Leg Wear 20–30mmHg
- Medical Leg Wear 30–40mmHg
- Medical Leg Wear 40+mmHg



Signature M.D.

Date